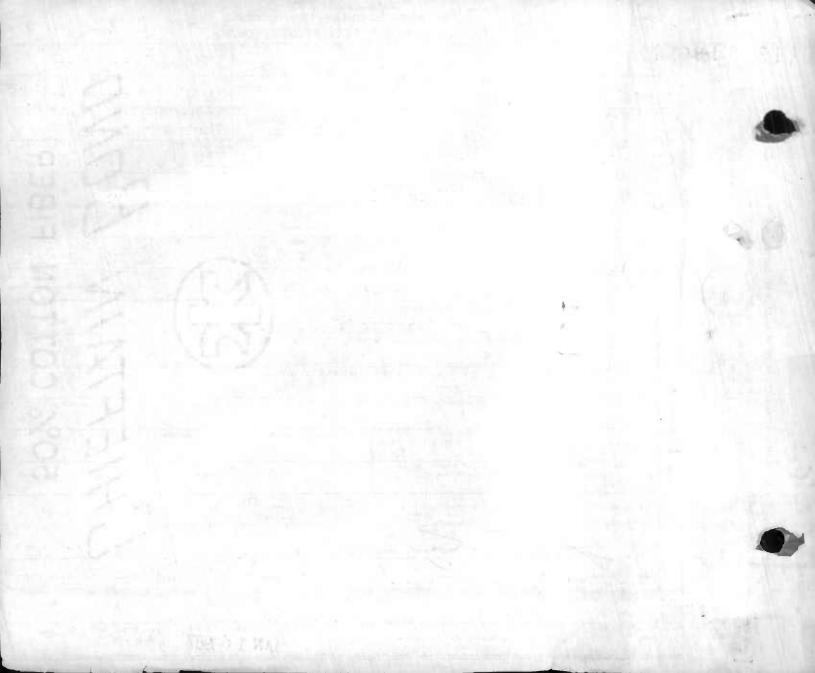
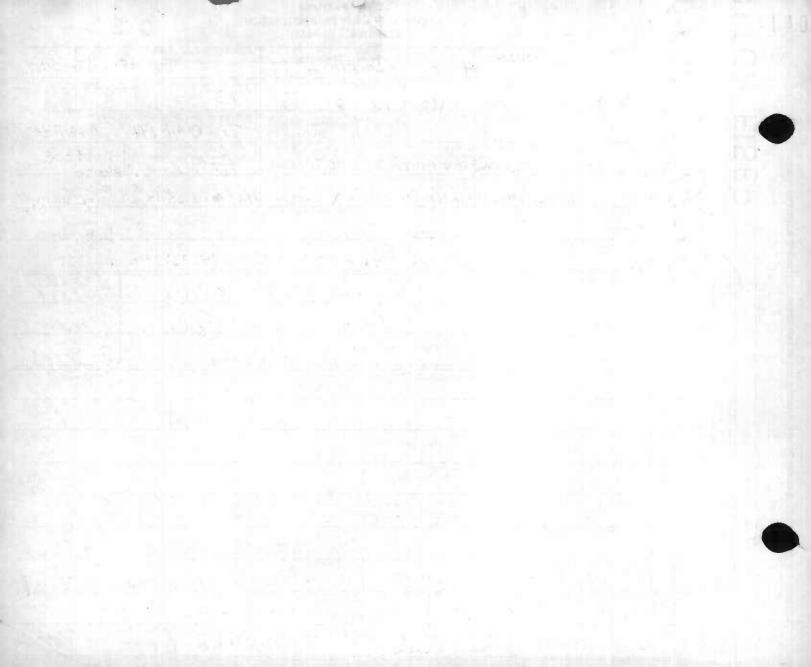
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME TO DATE KNOWN X MONTH DAY OF ESTI-Esther 1987 Marion Dean 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 0:45 DATE LAST BIRTHDAY) PRONOUNCED White Female Aug. 10, 1900 86 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County U.S.A. DIVORCED Washington, D.C. Govt. Employee Silver Spring 10312 Pierce Drive 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 10312 Pierce Drive 20901 4 FATHER'S NAME LAIDOLE Brown Edith Kengla Walter 17. INFORMANTarandson 40470 Copeland Ave. 166 SOCIAL SECURITY NO. Joseph McClellan Manasas, Virginia 22110 220-44-1779 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. gave rise to imm diote cause (a) stating the inder DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X None 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE 27e. I certify that I took charge of the remains described above, held an and in my apinion Undetermined monner TITLE (SPECIFY) ECUTE THE CER GE 4 SHOULD FUNERAL DIS TER DEATH, W ACTUAL 1/13/87 Deputy SIGNATURE 1919 Seminary Road John S. Rogers, M.D Silver Spring, Montgomery County, MD NAO 23a BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 16, 1987 Arlington Nat. Cemetery Arlington Virginia Burial 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE AND 1 6 1987 24 FUNERAL DIRECTOR Francis J. Collins, Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. West. Silver Spring. Md.

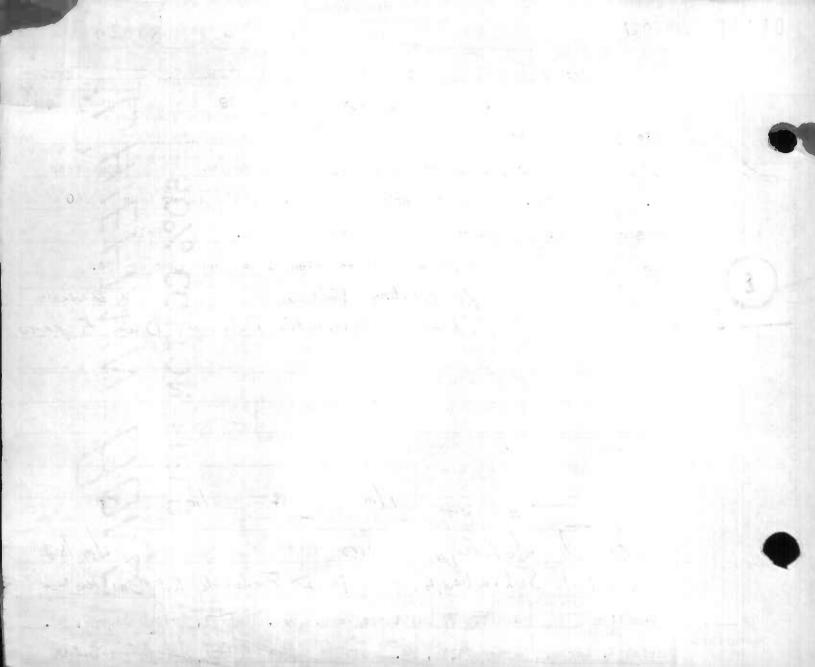


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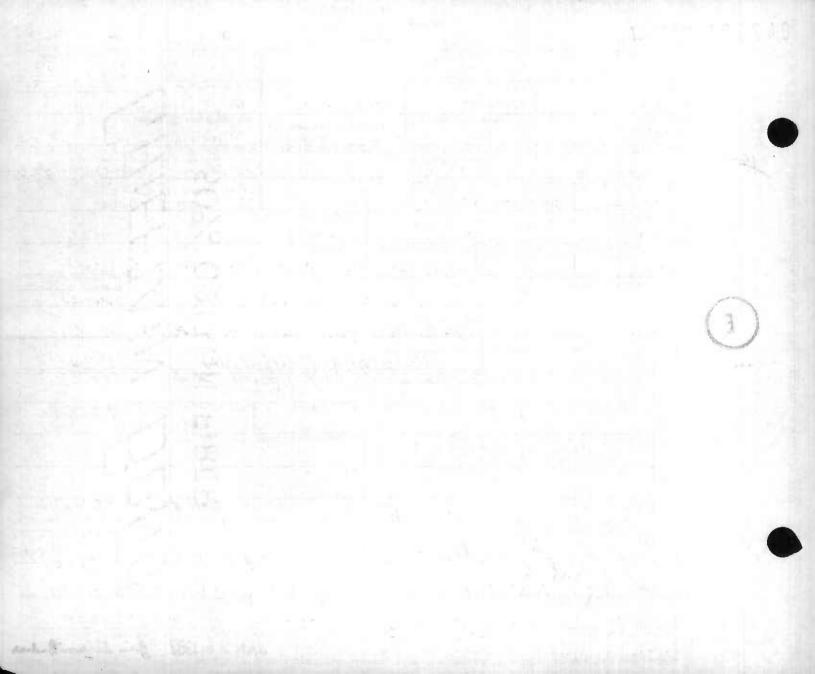
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nerol dir nn 72 hou	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) DC	16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED TO BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED TO MA PARK MONTGOMER. MONTGOMER.						
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BP	Burial, CREMATION, REMOV.	1/22/87 Evergreen Burial Park Roanoke, Virginia						
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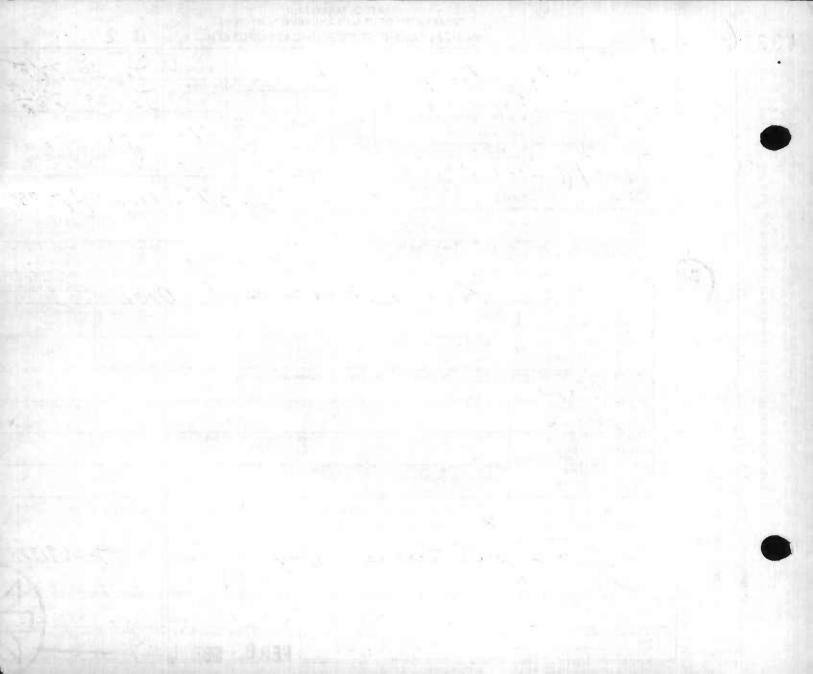
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(if the f		18. CAUSE OF DEATH (Enter or	nly ane cause pe	r lipe far (a), (b), an	d (c),				BETWEEN	KIMATE INTERVAL
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OR House		12% SUGNATURE	10	1		DEGREE	AAEDICAL STAE	E	22c. DATE	SIGNED
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TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined by the Sipre IMPPORTANT: If		C0111.) Ch ve	magn		16220 F	re den che 1	1d	291/10	is put
F 5 F 8 > 24	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE			METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		ADDRESS		25a DATE	REC'D BY REGISTRAR			
(VRA 15, 4)	Mu	riel H. Barber	Layton	sville, M	ld. 20	879 IJAN	1 4 1987 4	ulia Da	cordern. Ras	dall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 50 2 2 V ac 6 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 2 NHRS 3. SEX March 1,1921 Female Caucasian TO BIRTHPLACE ISTATE OR FORFIGN 76. CITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maine U.S.A. WIDOWED DIVORCED X ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) Asst. Mgr-Raleighs-Clothing Store rban ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Maryland Rockville 11607 Magruder Lane Montgomery NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIA Lucille Edward Cullen Bartlet 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 005-18-0118 James R. Devey-Son- Burke, Virginia no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (PART I. DEATH WAS CAUSED BY WULD IMMEDIATE CAUSE (a AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. TO THE TERMINAL DISEASE OR CONDITION GIVE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from sow the deceased alive on the body after death , and that in (my (aur) apinian death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING. MEDICAL DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS PHYSICIAN'S NAME TTYPE the the 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Arlington, Virginia Cremation Jan. 27, 1987 Northern Va. Crematory 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3901 Nor FAirfax Drive DHMH - 16 60M 7/B4 Arlington Funeral Home-Arlington, Va. (VRA 15, 4)



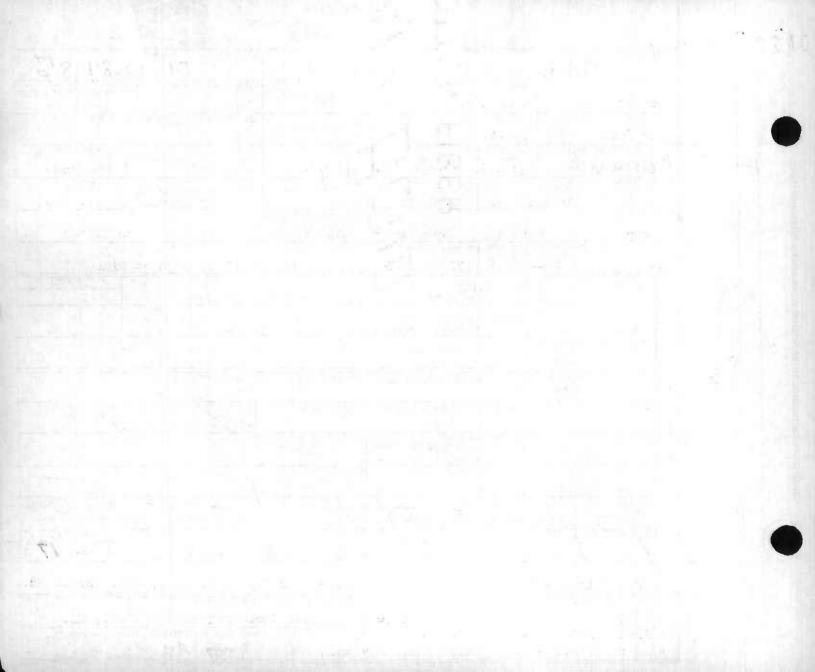
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE KNOWN OF ESTI-/ TYPE OR PRINTS Ralph DePaul George S. AGE (IN YEARS) II UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male White DEAD 176. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Pennsy Ivania U.S.A. Montgomery County DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITTER WORK 1126 KIND OF SUSINESS 1135 University Blvd. West #905 Security Officer Silver Spring Federal Govt USUAL RESIDENCE (IF IN YURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 1135 Univeristy Blvd. West #905 Montgomery Silver Spring Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIOOLE MIDOLE Pacienda De Paul Filomena Vincent 17 INFORMANT ADDRIGO Baltimore Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yes No OR UNKNOW! 579-24-6543 Joe DePaul (Brother) College Park, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Mye contal PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an and in my opinion Notural causes death resulted fram: Accident Undetermined manner Hamicide . TITLE (SPECIFY) SIGNATUR John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md ADDRESS × 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION - 27 Maryland Veterans Cem. Cheltenham P.G. Maryland Transcient Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 ulia Divideon Po (VR A15 ME (5)) 20M 4/82



4739 Baltimore Ave., Hyattsville, Maryland

DHMH = 16 60M 7/84

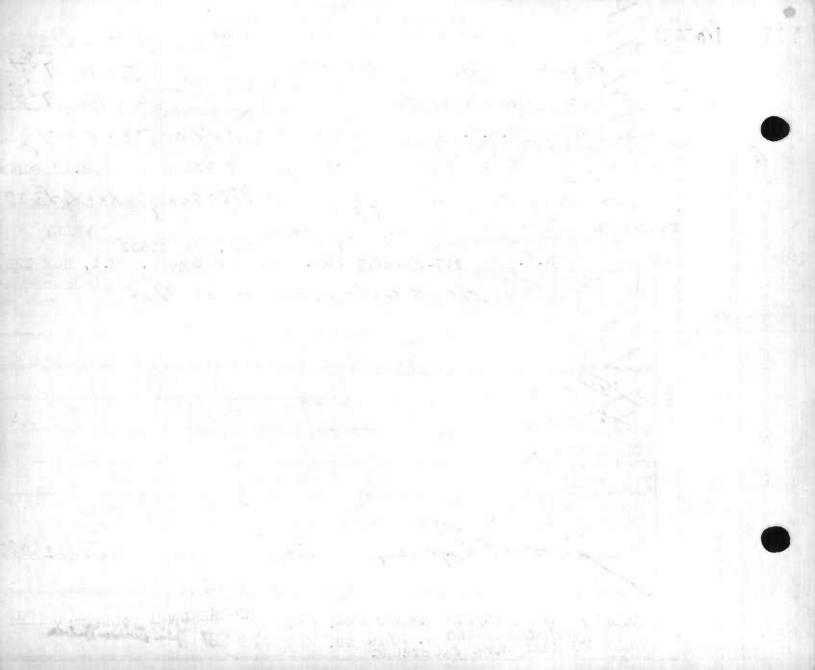
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS 00° c 5. DATE OF BIRTH AGE (IN YEARS IF LINDER IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED MARYLAND 120 USUAL OCCUPATION (TYPE DI WORK I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) IN SUCH FACILITY, GIVE STREET ADDRESS! TEACHER PUBLIC SCHOOL JAL RESIDENCE (IF A NURE) G HOME OR OTHER INSTITUTION, GIVERSIDENCE BEFORE ADMISSION)

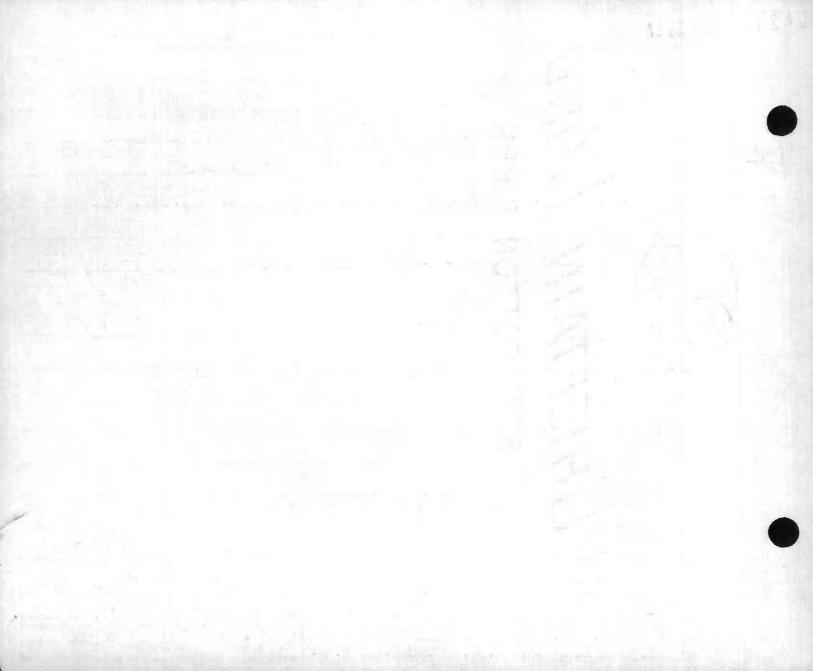
130 STATE

131. COLYOR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FERDINAND LAST FIRST DILFER ANNIE KELLY 17. INFORMANLAVALE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRES02 MD (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO N.A. LOUISE TURNBULL, RT. 7-28-8805 BOX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a. D'ATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 228 I certify that I took charge of the emains described above, held on Autopsy Inquiry ond in my opinion death resulted from: Natural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL SKINATIME ER TYPE OR PRINT **ADDRESS** 23g.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY CUMBERLAND MD 14 FUNERALD ADDRESS 60 **DHMH-17** WERAL HOME FROSTBURG (VR A15 ME (5)) 15M 2/80

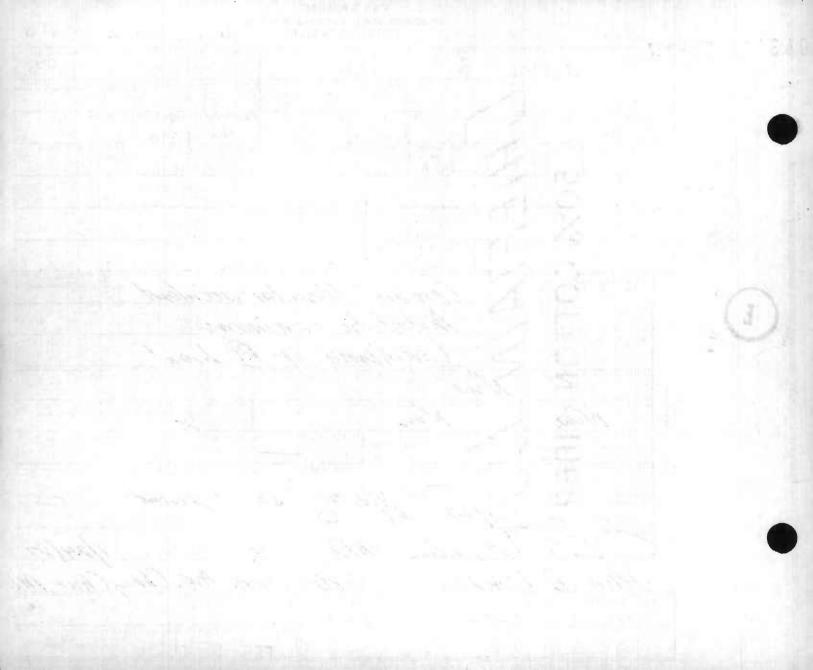


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR JAN DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR Winifred DOUGHERTY 2310 WINIFRET 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS March 1,1918 I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County. Maryland DIVORCED [WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife SHADY GROVE HOSPITAL Rockville JOUAL RESIDENCE (IF NUR 13. STREET ADDRESS / ZIP CODE 17028 Frederick Rd., 21771 Mt. Airy Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Winifred Watkins Thomas C. Bean 6h SOCIAL SECURITY NO 17 INFORMANT 220-56-5636 Joseph John Dougherty, Item 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CATOLO DUIMONARY ALMST IMMEDIATE CAUSE (0)_ cardiom Porthy with cardlesonic shock Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause RYNAL FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 no their dias 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED MY CERTIFYING CAUSES OF DEATH? NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN 220.1 certify that (I)(this haspital) attended the deceased from and that in (my) (our) apinion death occurred an the date and have and from the causes stated 724 MGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS GTONE RD # 206 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Bethesda Meth. Burial 24 FUNERAL DIRECTOR 250 DA LAENDAY REG DOL 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

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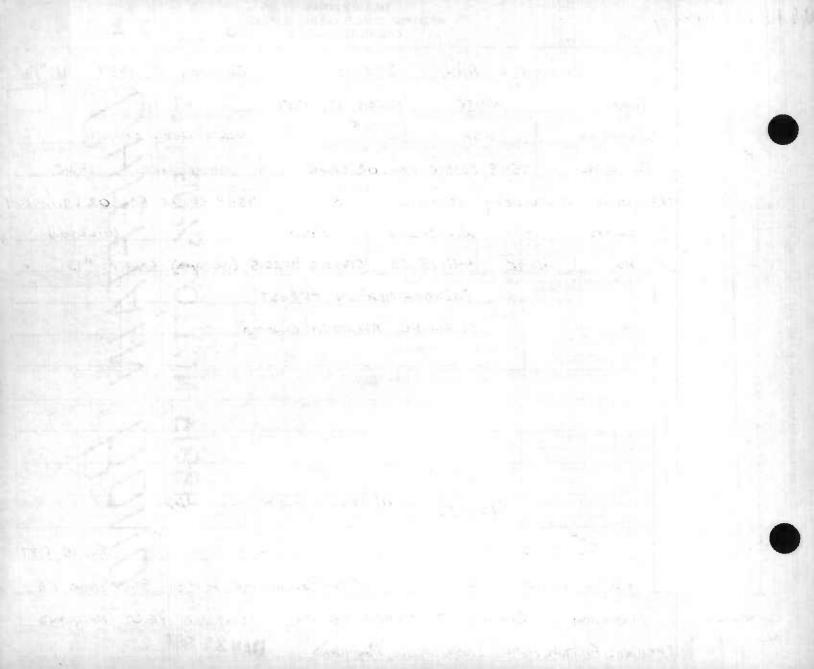
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO EASED NAME 70 DATE OF DEATH YEAR MONTH 2b HOUR 806 (TYPE OR PRINT) 81 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 2. HR YEAR 26 95 Female White To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland montgomery WIDOWEDET DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR INOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hosnita School teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Glenmont Circle Montgomery ilver 20902 H FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE Theodore Shearer Addie Resh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LYES NO OR UNKNOWN 1 (1F YES GIVE WAR OR DATES) Silver Spring. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for jumy (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 chi 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated and that if (my) above (1) we idid did not view the body after death DEGREE 27L DATE SIGNED MEDICAL ATTENDING PHYSICIAN ! DIRECTOR PHYSICIAN 77e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 7-87 Peter's Cem. Hampstead 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ha Dandern Randalle Funeral Home. (VRA 15, 4) Hampstead

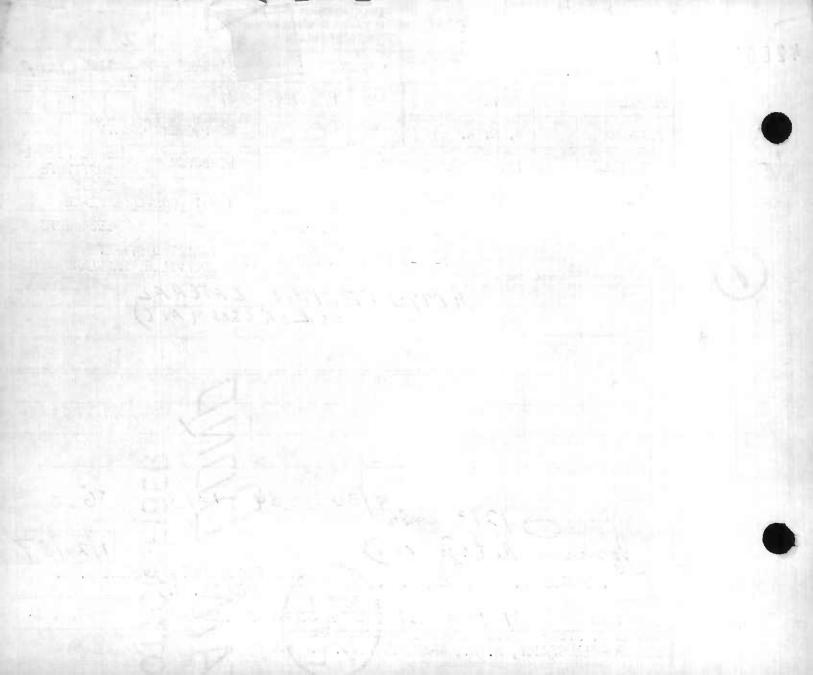


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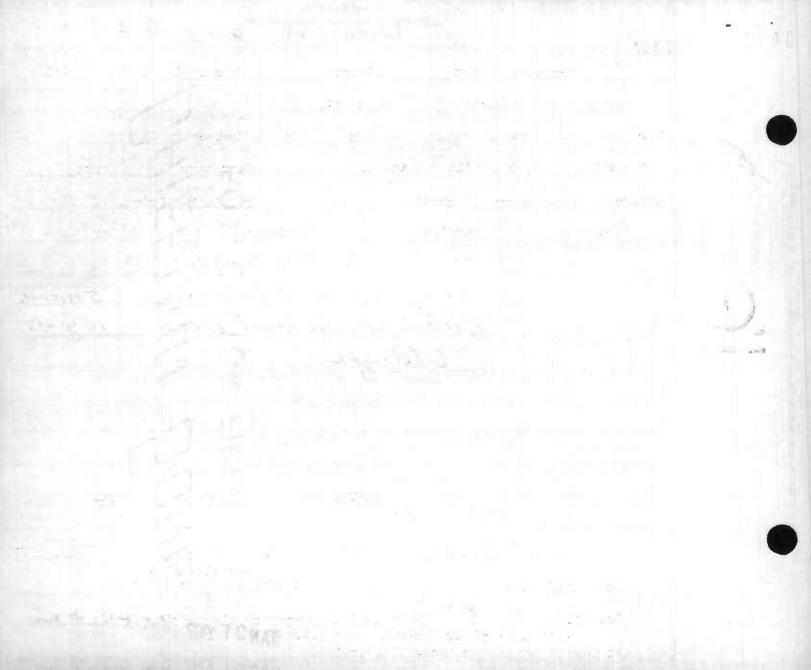


042394 34 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME 20. DATE KNOWN DE (TYPE OR PRINT) OF ESTI-6 AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Co. Md. U. S. A. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF MORK Bus Operator Retti SIN HOME OR OTHER INSTITUTION, GIVE REPUBLICE BEFORE ADMISSION) 13a STATE 134 INSIDE CUT LIMITS? 15 MOTHER'S MAIDEN NAME Marguerite Grimes Edwards . MIDDLE Gorman MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 57 50 14 8 C 7 14 4 4 (YES, NO, OR UNKNOWN) NO . P- FLKRIDGE IB CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 210 PLACE OF INJURY SATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATI MEDICAL EXAMINER John S. Rogers Seminary Rd. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR STATE 30. Jan. Union Cemetery. Burtonsville Buria 07/84 25M Takoma Funeral Home. DHMH - 17 Carroll St. N. W. D. (VR A15 ME (5))

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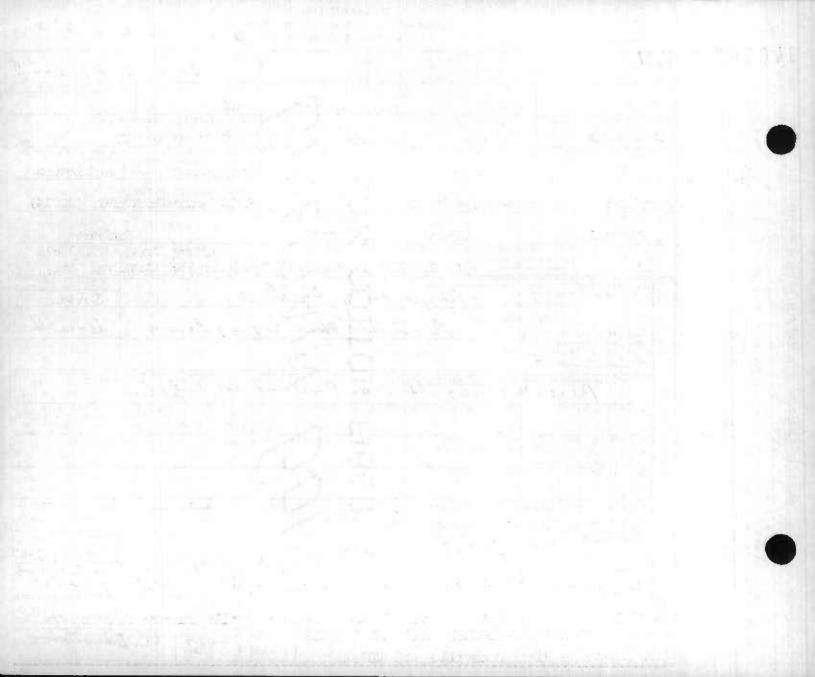


122 - FEET

1170 Rockville Pike: Rockville, Md. 20852

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE 4-DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED THOMAS 87 L. EL MOOD 19 4 RACE IF UNDER 1 YR. S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 12:55 DEAD Jan. 17, 1935 5

76. CITIZEN OF WHAT COUNTRY? 87 Male White TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Washington D. C. Montgomery County 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1 IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Rockville Supervisor Mail Room Bank of Shady Grove Hospital 136 COUNTY 13e STREET ADDRESS 13a STATE 13d INSIDE CITY LIMITS? Gaithersburg 34 State Court 20877 Montgomery Maruland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Johnson Elwood. Joseph Manuel Mary Trene INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN! 1957-55 579-42-8562 Betty O. Elwood VOX Wike Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. BE USED AS A BUI NT OF HEALTH AN BURIAL, CREWATE PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA A PER DEATH, WITH THE STA B THORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Notural causes death resulted from: Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL 1-9-87 SIGNATURE SIGNED EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE Jan 12 1987 Gate of Heaven Cemetery Silver 07/84 BP 25M 24 FUNERAL DIRECTOR Francis J. Collins. Jr. **DHMH - 17** 500 University Blud. W. Silver Spring. (VR A15 ME (5))

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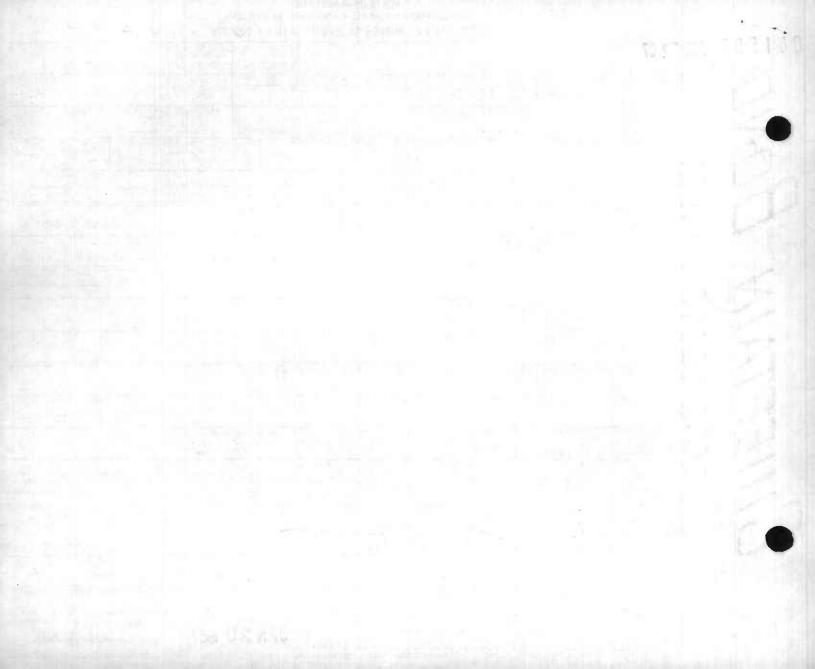
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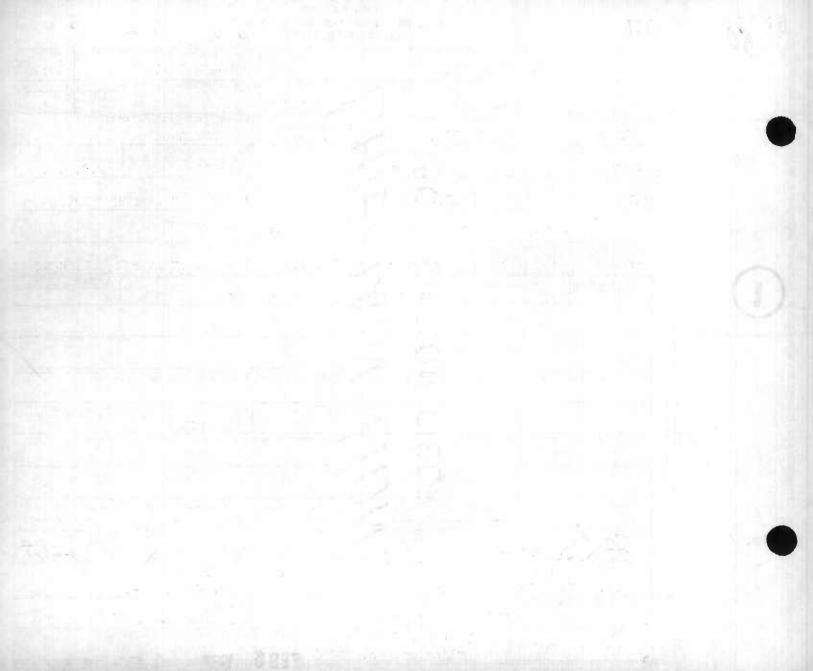
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH DAY TYPE OR PRINT! E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED 1-12-87 10 LORRAINE Μ. Evensen 3. SEX 4. RACE S. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Caucasian Feb. 13 1919 67 DEAD 1-12-87 19 10.0000 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WHEVER MARRIED FOREIGN COUNTRY U.S.A. Mass. DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS Teaching Teacher-Braille Silver Spring Holy Cross Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 2603 Henderson Ave. 20902 Wheaton Montgomery Maruland 15. MOTHER'S MAIDEN NAME AA IDDLE FIRST O'Connor Eileen McNamara. James 17. INFORMOTO ther-in-law ADDRESS 18 Shelby Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ISS SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Robert W. Evensen Reading. Mass. 01867 030-26-5176 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Multiple injuries IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURN YES & NO | 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR B:50PM 1-12-8710 CONTRIBUTING CAUSE OF DEATH pedestrian struck by an auto 21e PLACE OF INJURY LATHOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE TO AT WORK CITY OR TOWN street Georgia Ave. & Henderson Ave. Silver Spring. Md Autapsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted Suicide Homicide Assistant MEDICAL EXAMINER DATE 1 - 13 - 87EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS. (TYPE OR PRINT) 111 Penn Street AFT AFT 230 BURIAL, CREMATION, REMOVAL 236 DATE Jan. 16. 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial 07/84 25M 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 17 JAN 20 (VR A15 ME (5)) 500 University Blvd. West. Silver Spring. Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR JAN ZOBCEASED NAME KNOWN X OF ESTI-RICHARD 1-12-87 19 EVENSEN 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED male Caucasian 1929 1-12-87 19 9:42P TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED Mass. U.S.A. Montgomery County ID CITY OR TOWN OF DEATH OR CONOTESS Bethesda Suburban Hospital Braille Expert Library of Maryland 13d. INSIDE CITY LIMITS? Montgomery 2603 Henderson Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Evensen Bella Abrahamsen Henry ADDRESS 18 Shelby Rd. 17 INFORMANT Drother 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Reading, Mass 01867 012-30-7380 Robert W. Evensen 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART 2) pedestrian struck by an auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME II LOCATION WHILE AT WORK Georgia Ave. & Henderson Ave. Silver Spring, Md Autapsy X 220 I certify that I taok charge of the remains described above, held an death resulted from Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE, DATE 1-13-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Jan. 16, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blvd. West, Silver Spring, Md. (VR A15 ME (5))

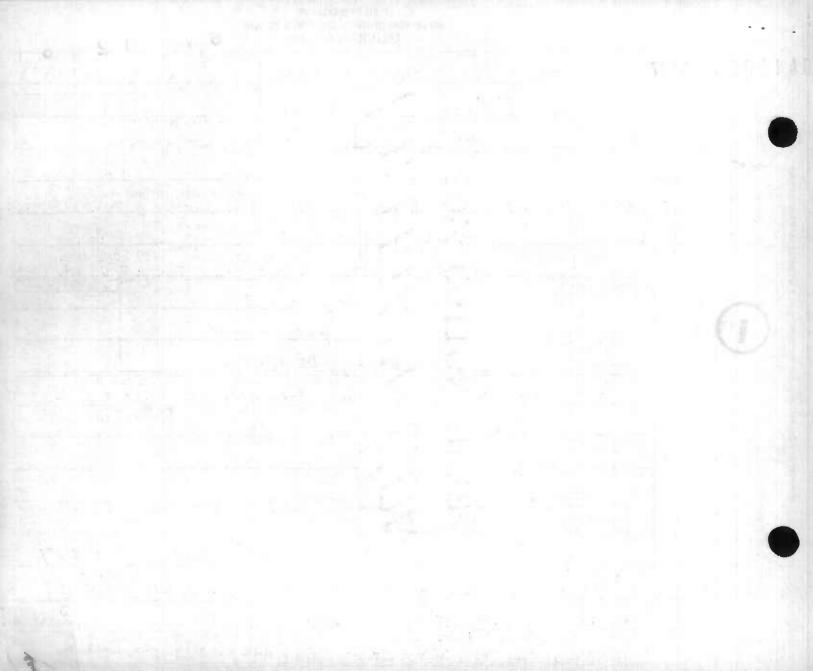
STATE OF MARYLAND



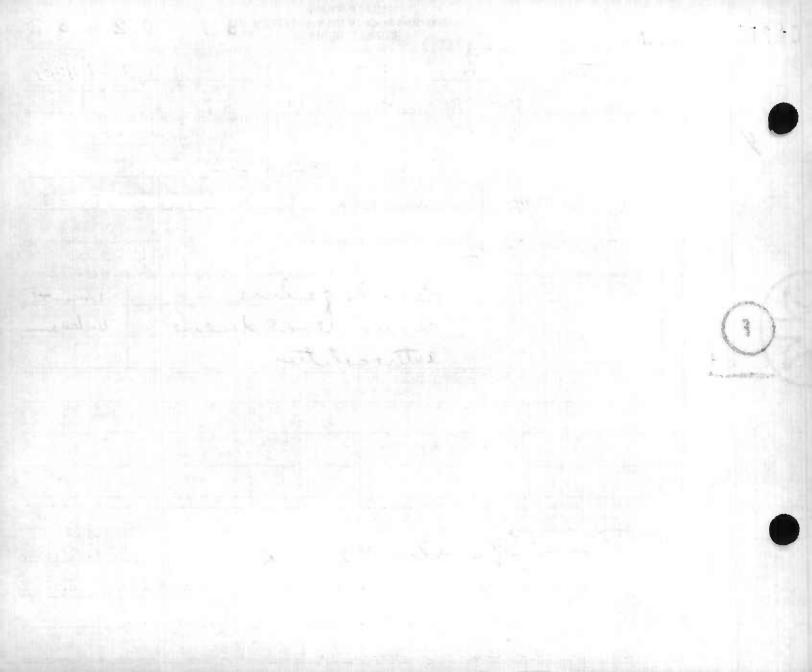
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) EVAN FAIN. JR. JANUARY 26 1987 10:30 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH YEAR HOURS MALE CAUCASIAN JANUARY 26 1930 BIRTHPLACE ESTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED KENTUCKY UNITED STATES MONTGOMERY WIDOWED DIVORCED [M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BETHESDA NAVAL HOSPITAL RETTRED U.S.M.C. ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE FLORIDA MELBOURNE Brevard 1962 TYLER AVENUE 32935 NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EVAN FAIN TEXIE BENTON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 285-20-7966 MYRTLE I.FAIN, 1962 TYLER AVENUE, MELBOURNE, FL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. NON SMALL CELL LUNG CANCER IMMEDIATE CAUSE (o) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOKX YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR TOWN NOI WHILE 228.1 certify that (1) (this hospital) attended the deceased from DECEMBER 31 19 86 to JANUARY 26 _19 __87_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceosed alive on JANUARY 26 above, (1) (we) Add) (did not) view the body after death DEGREE 22t. DATE SIGNED DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME INTO CHEMIT 77e ADDRESS NAVAL HOSPITAL TO show T.A.DOWGIN, LT, MC, USNR BETHESDA, MD 20814-5011 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 2/2/87 ARLINGTON, VIRGINIA ARLINGTON NATIONAL 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3901 No. Fairfax DR. DHMH . 16 60M 7/B4 (VRA 15, 4) Arlington, Va. 22203



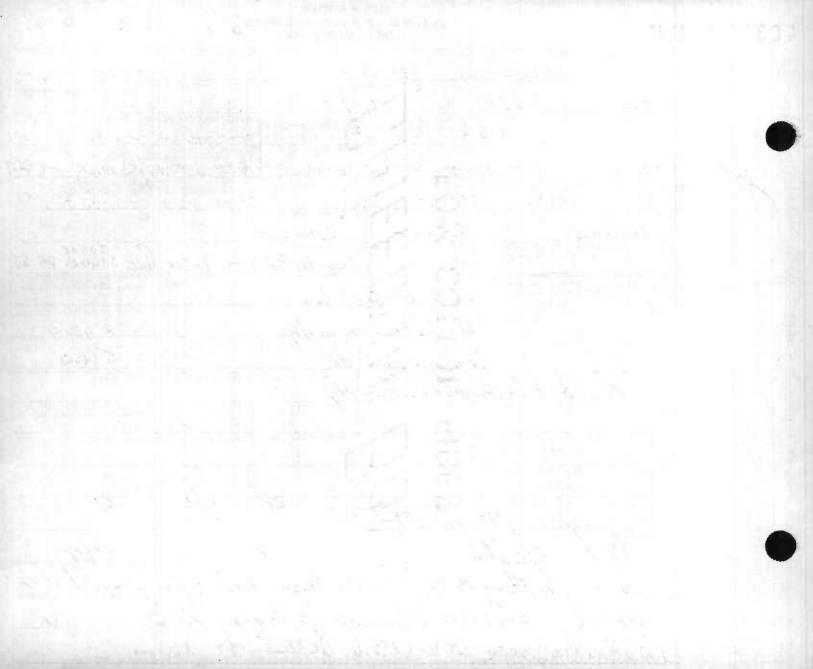
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 28 DATE OF DEATH MONTH 4 RACE 3: SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 21 MP. hemale Black 26 06 80 ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cuba Cuba WIDOWEDXX DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hamomabon Homemaker LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Montaomery Silver Spring 1005 University Blvd. #202 20903 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Miauel Beguer Antonia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 429 Boud Ave. niece Takoma Park, Md. 579-76-6346 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF asperation Canditians, if ony, which gave rise to immediate cause (o), stating OR AS A CONSEQUENCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES T NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK 22a I certify that (I) (this hospital) attended the deceased fram saw the decrosed alive on_ and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated obove, (I) (we) (did not) view the body ofter death 77k SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77d Plut M. Ind S Plant Com 22e ADDRESS O. BELLEDUNNE 236. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Jan. 15, 1987 Gate of Heaven Cemetery Silver Spring, Montgomery Md. Francis J. Collins. Jr. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Gulia Deciderno Par 500 University Blud. West, Silver Spring. Md. (VRA 15, 4)



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n 72 hou		RTHPLACE ISTATE OR FOREIGN COUNTRY!	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED X WIDOWED DIVORCED	MONTGOM	
oy the to	10.C	ILUER SPRING	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR HOLY	SING HOME OR OTHER INSTITUTION BET ADDRESS) HOSPITAL	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTANT)	176. KIND OF BUSINESS OR INDUSTRY GONZAGA H.S.
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1111	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	minal disease or condition g	IVEN IN PART 110
1, 11, 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	_ V_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \ NO \
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CTOR AL		saw the deceased alive or	Jan. 19	X /	to <u>Ian</u> . 17 deoth occurred on the date and he	1987, that (I) (we) lost our and from the causes stated
At Off a bloom of the book of		226. SIGNATURE	Sicers	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan. 18,1987
HOSPIT boned by CHUNES sould be thinks Sh		David B.	Kessler, M.D.	27e ADDRESS	ia Ave., Silver:	
2 5 7 5 3 2	23a	BURIAL, CREMATION, REMOVAL		RENAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	Jan. 21, 1987 1	It. Olivet Cemetery	Washington, D	.C.
DHMH - 16 60M 7/84 (VRA 15, 4)			vis J. Collins as	141	TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 37 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH I. DECEASED NAME 26. HOUR TYPE OR PRINTS Clarence Fleming 01/06/87 5:45mm 4 RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHDAY) NDER I YEAR YEAR Male white 9/18/12 TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED MD WIDOWED Montgomery County DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Olnev ROUTE SUPERVISOR Montgomery General Hospital MILK WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE MD Mont. Silver Spring □ 15300 Pine Orchard 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CLARENCE COTHERINE FLEMING 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 20906 (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 213-05-0678 ALMA M. FLEMING. 15300 WINE DRYINES DR SS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) H O HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) COUNTY STATE NOT WHILE 22a. I certify that (I) (this haspital attended the deceased from tow the deceased slive on. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL STAFF ild be deta the State PHYSICIAN PI DIRECTOR PHYSICIAN 22e ADDRES MPORT 23c NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL COUNTY MESAMAGER DHMH - 16 60M 7/B4 (VRA 15, 4)



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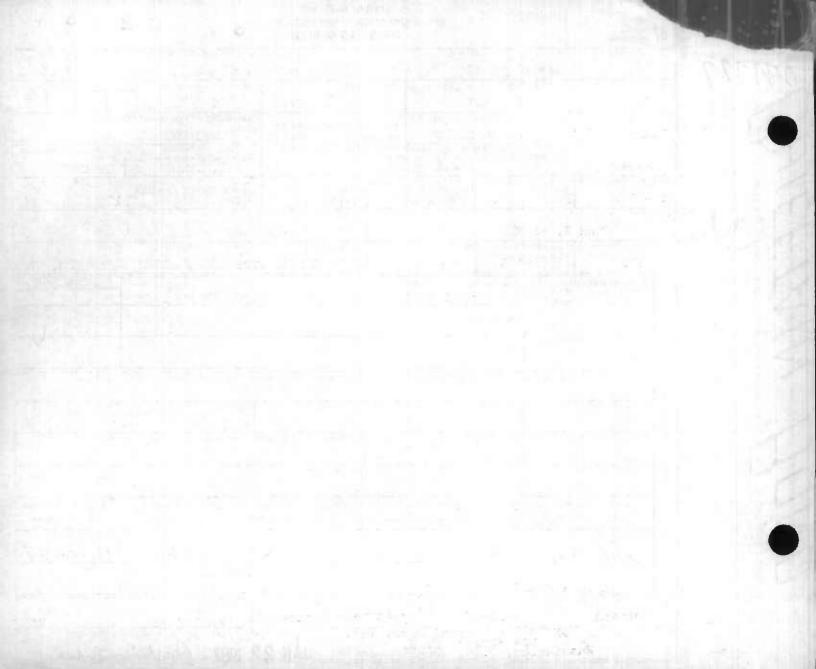
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

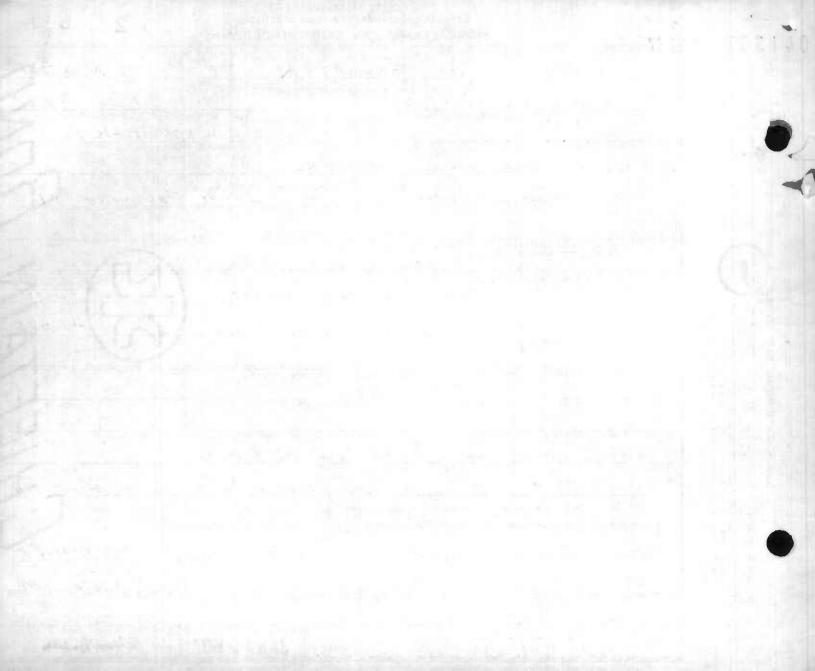
3 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS DANIEL FLYNN JANUARY 11 1987 9:05 LSEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR OCTOBER 22 1945 MALE CAUCASIAN BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED PENNSYLVANIA UNITED STATES MONTGOMERY WIDOWED A CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL U.S.M.C. DEFENSE ILLAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE VIRGINIA QUANTICO PRINCE WM. **OTRS 2318** 22134 NO [MATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST JOHN R. FLYNN MARGARET CAREY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN 166-36-0964 JOAN FLYNN, QTRS 2318, MCDEC, QUANTICO, VA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: LEFT HEMISPHERIC CEREBRAL VASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from JANUARY 9 JANUARY 10 87 saw the deceased alive an JANUARY 11 abave, (I) (we) (did) (did nat) view the body after death and that in (my) (our) opinion death accurred an the date and havi and from the causes stated 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS NAVAL HOSPITAL A. A. COOK, LT, MC, USNR BETHESDA, MD 20814-5011 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION Removal CITY OR TOWN COUNTY STATE 2-15-87 Cunningham-Mountcastle Woodbridge VA 24 FUNERAL DIRECTOR 4217 9th S Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 41

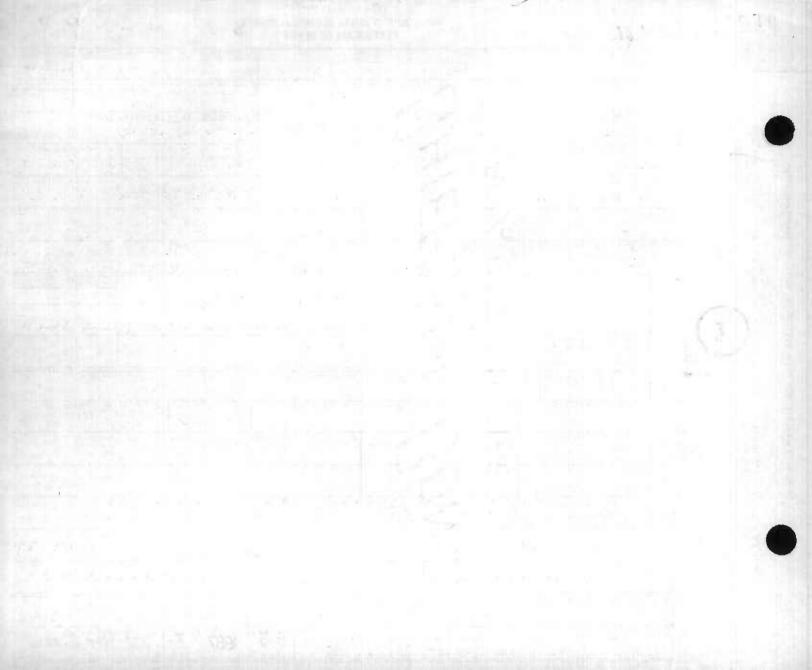
Washington, D. C.



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14 1 3	b / JAN]			RST	MIDDL	E	LAST	20 DATE		NTH DAY	YEAR 126 HOUR
			OR PRINT)		1		/	OF	ESTI-		17/10
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	る民生立居	3 SEX	4 RACE	5. DATE OF I	BIRTH YEA			R 24 HRS 2c DATE	MON	NTH DAY	YEAR 20 HOUR
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	AND VER	7a BII	RTHPLACE (STATE OR	76 CITIZEN	OF WHAT CO			9 BALTIA	AORE CITY OR CO		
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	ELAYIS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. EFILED, WITHIN 72 HOURS. S, 201 WA PRESTON STREET,		shington, D.		A.		OWED DIVOR			Brey	MD.
	NS THE WOOD	10 CI	Y OR TOWN OF DEATH			NURSING HOME, OR O	THER INSTITUTION	120 USUAL OCCU		DRK 12b KIND	OF BUSINESS
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w.	ENESS	1	F#RST	C	1			7	WIDDEL		
ö	BRZ CAR	Ión V	CUSSELL.	S ARMED FORCES	2 16h	rampton SOCIAL SECURITY NO.	Grace 17 INFORMANT		ADDRESS	Bail	ey
3/	世界日本60 二/		S, NO, OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)							
3	3 1		no		22	20-74-8125	Grace I.	Frampton	mother	same a	
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3	OF TARK		couse (a) stating the lying couse lost.	under- DUE T	O, OR AS A	CONSEQUENCE OF					
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, POSEG 4 SHOULD BE PORN TO FUNERAL DIRECTOR: A AFTER-DEATH, WITH THE ST BALTIMORE, MARKAAND?	73n R	URIAL, CREMATION, REMO	VAL 23h DATE		23c. NAME OF CEMETERY		23d LOCATION	77		
		(3	PEC(FY)					CITY OR TOWN	Hant	COUNTY	STATE
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23/11	DHMH - 17	74 F	NERAL DIRECTOR Fro	incis J. C	allins	, Jr.	25e. DAT	E REC D. BY REGISTR	AK ISP KEGISIKA	K S SIGNATURI	
	(VR A15 ME (5))	150	10 University	Blud. We	st. Si	lver Spring	Md. JA	M T A 1881	Julia Da	ugers. Kar	dally



12835 F	FOR STATE	E) TRAR			DEPARTI	AENT OF H	EALTH AND MEN	TAL HYGIEI	0 1	0	2 -	30
tar, page 3	DECEASEI (TYPE OR PRIN	1)		RACE Caucas	Ray Lan	J. DATE C		in	AGE (IN YEARS L	AST BIRTHDAY)	DAY YEAR 7 8 7 1 F UNDER 1 YEAR MONTHS DAYS	26 HOUR 0953-M IF UNDER 24 HRS HOURS MIN.
of or	Virg	CE (STATE OR FORE	U.S.A.		WID F HOSPITAL, NURSING HO		MARRIED NEVER MARRIED DIVORCED DIVORCED HOME OR OTHER INSTITUTION		9. BALTIMORE CITY OR COUNTY OF Montgomery County 120. USUAL OCCUPATION		nty	MD.
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TOR: After thi for use os the of Health and 21 is marked o	22a.	NOT WHILE	is hospital)	ottended the	e deceased from	10-	STREET A 4 - 10 d that in (my) (pur	9 8 G) opinion dec	, to \~	the date and ha		that ((we) lost e couses stated
TO FUNERAL DIRECT Should be detoched with the State Dept.	22b. S	GNATURE	C C TYPE OR PRI	nig	m 0.		ATTEN PHYS 22e. ADDRESS		MEDICAL DIRECTOR P		٧-	27-87
BP Should b	230 BURIAL, (SPECIFY)	CREMATION, REA			236.1		EMETERY OR CREM 1 Memoria	MATORY	23d LOCATION	1		Virgiĥla
					neral Hom			EB 3	1987	FRANZSK REGIS		TURE

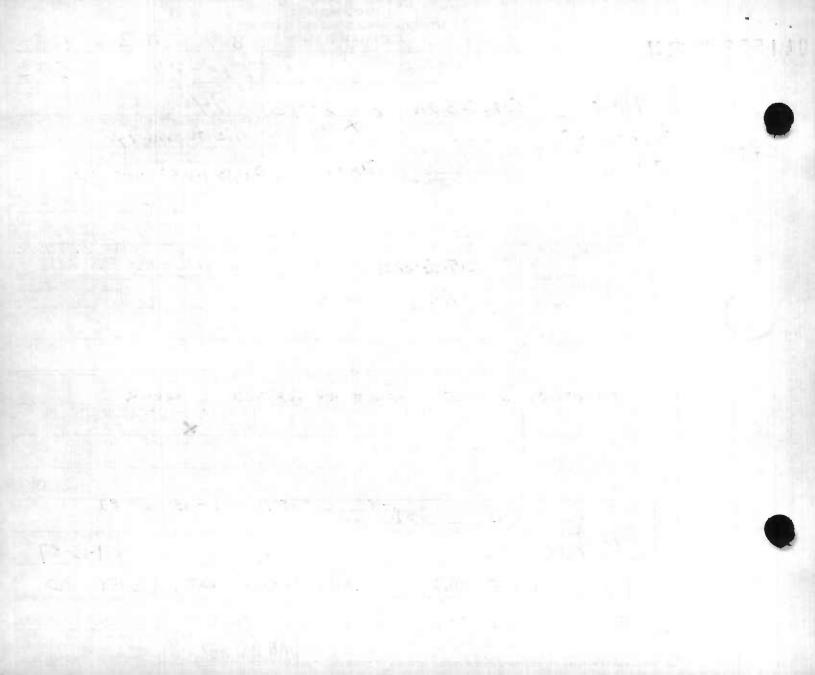


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REG. NO . DECEASED NAME PO. DATE KNOWNXX (TYPE OR PRINT) OF ESTI-JUNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
"REET," 10 87 Lawrence Jav Frederick DEATH MATED 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 5:20 a. M 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 19/14 Nov. 20. Male White DEAD 1987 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. DIVORCED X Montgomery County, WIDOWED PAGE 5 BEFILED OS 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Rockville 5113 Crossfield Court, #13 Systems Engineer Computers USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Rockville Maryland Montgomery 5113 Crossfield Ct. #13 / 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AFTER DEATH SIVE PAGES 1, TH FORM PM AGES 1 AND 2 ISION OF VID Joseph Frederick Jacqueline Hope Brewer Lawrence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT ADPOS Cedarview Court (YES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Joseph L. Frederick Palm Coast. Florida None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Stab Wound of Chest DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) FICATE, WRITING THE WORD "PENDING BE FORWARDED TO THE CHIEF MEDICA CTOR: PAGE 3 SHOULD BE USED AS A BU H THE STATE DEPARTMENT OF HEATH AT TAND, 21201 PRIOR TO BURIAL, CHEMPT CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3:50 KK 1-6 subject was stabbed 21d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME II. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC 1 5113 Crossfield Ct., #13, Rockville, Mont. Co., home EXECUTE THE CERVILLE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST PATTROORE, MARYLAND, 2 Autopsy XX 22a I certify that took charge of the remains described above, held on Hamicide XX. death resulted from Natural causes Undetermined manner Assistant MEDICAL EXAMINER SIGNATURE 1-6-87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Jan/9/87 Cremation Chambers Crematory Riverdale, P.G. Co., Maryland 07/B4 25M 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** CHAMBERS FUNERAL HOME SILVER SPRING, MARYLAND (VR A15 ME (5))

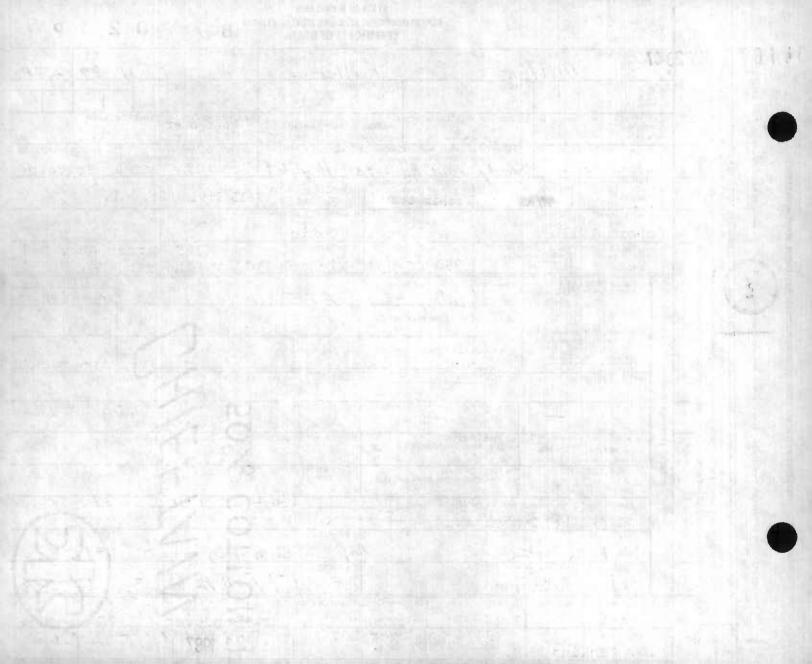
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500 University Blud, West, Silver Spring.

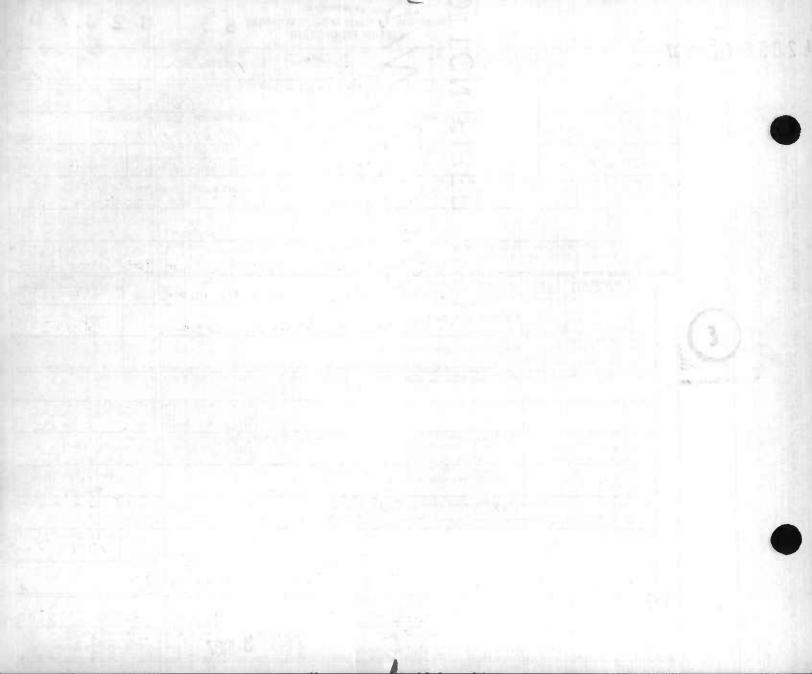
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR & DEGEASED NAME DITUE OR PRINT! AGE (IN YEARS LAST BIRTHDAY) IF UN OER 1 YEAR IF UNIOER 24 HRS 5. DATE OF BIRTH 3. SEX 4. RACE 10 Male 1933 Negro 53 BATIMORE CITY OR COUNTY OF DEATH MONT GOMETY 76. CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED South Carolina U.S.A. Gaithersburg, Md. WIDOWED 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION M CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) Security Guard Private Gaithersburg USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION)
130. STATE 132. CITY OR TOWN 615 Irving St. N.E. N/AS Washington D.C. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MICOLE LAST MIDOLE Walker Fuller Robert Fuller Doris 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 4129 Warner Ave. B-1 (IF 1 5 IVE A TROPATES) 60 (YES NO OR UNKNOWN) 250-36-5442 Michael Fuller, Landover, Md. 20784 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 17MMYC/1757 WALL BUMMAN COUNTY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Constrointestinal Hemoryhou Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stating the underlying couse lost. LINU MERKEL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F NON YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211, LOCATION 21a. PLACE OF INJURY 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (it) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on above. (1) (we) (did) (did poor view the bady after death. 22c. DATE SIGNED DEGREE 226 SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME, ITYPE OFFERENT 23d LOCATION 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL COUNTY STATE (SPECIFY) Md 1 - 16 - 87Harmony Mem. Park | Landover Burial 250 DATE RECID. BY REGISTRAR 24 REGISTRAR & SIGNATURE 7474 Landover Rd. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Landover, Md. J.B. Jenkins F.H. (VRA 15, 4)



956 500 4		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	2310
dee: 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TYPE	14500		FULWOOD FULWOOD	1/18/87	AY YEAR 26 HOUR
e 1 mo	3 SEX	Male	Black	Feb. 11, 1926 2 - // - 26	60 YRS M	IF UNDER TYEAR IF UNDER 24 HRS. ONIHS DAYS HOURS MIN.
	Sc		United State	MARRIED MEVER MARRIED WINDOWED DIVORCED	MONTGOMER	
1168	SI	LVER SPRING	Holy Cross	Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Engineer	12b. KIND OF BUSINESS OR INDUSTRY None
on 24 hours	13a. S Ma	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV atgomery Silve	VN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 10120 New Ham	pshire Ave.
11/40		Adam	Fulwoo	d Bessie	Benjamin	LAS(20903)
on and c	16a. V	PAS DECEASED EVER IN U.S. AF ES-NO OR UNKNOWN] (IF YES, GI NO	VE WAR OR DATES)	JRITY NO. 17 INFORMANT1012 -6155 Mary C.Tu	0 New Hampshire rner Fulwood(w	ife)Maryland
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hor he death or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	ENCE OF	and Disterse	318
equires	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?
SECIAN T SECIAN T Centrate centrate conficute	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	R7 I OR PART 7}
Offer this or the burned or th	MED	WHILE OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND he hospital or DRECTOR, A cached for use 1 Dept of Heal		saw the deceased alive or	ital) att index the deceased from on one of the body ofter death.	DEGREE	deoth occurred on the dote and hour	9 thor (I) (we) lost ond from the couses stoted 22c. DATE SIGNED
CO HOSPITAL Sectioned by a TO FUNERAL should be det with the Store			H. LEJIN	22. ADDRESS 981 G	TOIRECTOR PHYSICIAN	
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	01/23/87 Fo	rt Lincoln Cem.		
DHMH - 16 60M 7/84 (VRA 15, 4)			NEY's Funeral Avenue, NW; Wash	Home 5. DA ington, DC 200 Bi	3 1987 ALIA DEN	don Candall



Fleck Funeral Home, Inc. Laurel, Md. 20707

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

040981.

DHMH - 16 60M 7/84

(VRA 15. 4)

REGISTRAR

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270 FE	3 ¹ -	FOR STATE REGISTRAR			ICATE OF DEATH	GIENE 8 / REG. N	0 2	5	12
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D .	3. SE		4 RACE	5 DATE (6. AGE (INYEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
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61	70. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY C		DEATH	
6		Linnesota	USA	WIDOW	DIX NEVER MARRIED	Houtoom	2644		MD.
(8) X	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME		Montgome	ION	126 KIND OF	Dept. 8
7	S	lver Spring	Bel Pre Hea	eth Cente	4	Adm. Secre			
De la	USU	AL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)				Desen	20906
35		culand Mont		er Spring	130 INSIDE CITY LIMITS?	3503 S. 10			
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medic		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			uduan Hush			12
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1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	a), (b), and (c).)	7	-			NATE INTERVAL
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0.0			(c)						
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2	S.	TYO DATE OF OPERATION	146 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
9	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal. HOW INDUST OSSUE	YES NO	YES [NO 🗌
9		OR CONTRIBUTING CAUSE OF DE			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
0	MED	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK NOT WHILE			/	od ./.			
8		220.1 certify that (I) (this hasp	1/4/4		19_1	6. 10 1/2	7 19.	11	not (I) (we) last
21			ot) view the body ofter dea	th. 198	nd that in (my) (aur) apinian	death occurred on the de	ate and haur a	nd fram the co	auses stated
1.2		THE SIGNATURE		In.	DEGREE			The DATES	ICINED
5		4/1/2	-	2 /100	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	1/2/1	811
ORTAN	(226 PHYSICIAN'S NAME (TYPE	OR PHINT)		22e ADDRESS		./ -		-
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3.7		SURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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M 7/84	24 FI	INERAL DIRECTOR Franc	is I. Collin	AIn	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	
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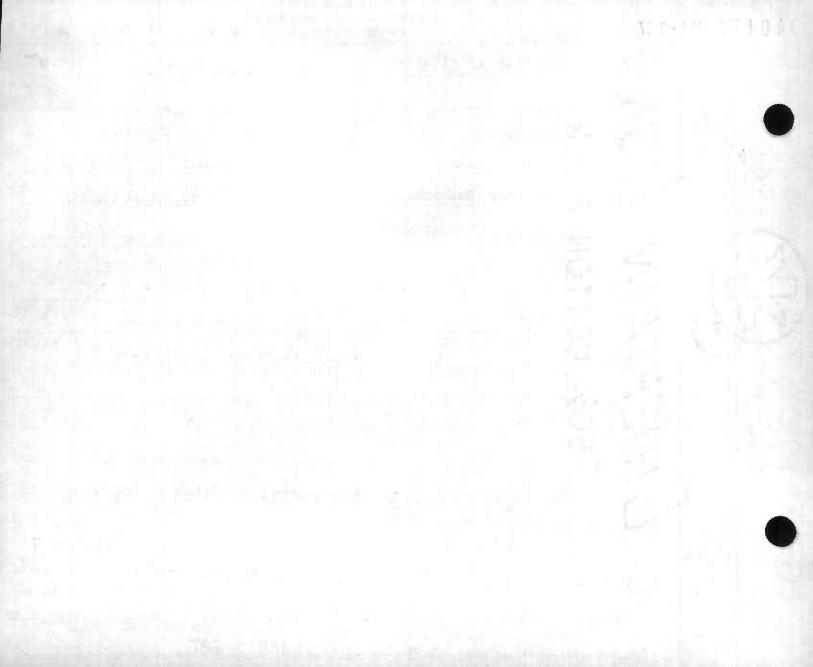
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR PIPE OR PRINTS Margaret 1:51 Gesshord January 14, 1987 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS YEAR Female Caucasian anuanu TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D DIVORCED Montgomeru IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF INDUSTRY D. C. Gaithersburg Wilson Health Care Center School Teacher Public School 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 3133 Connecticut Washington. D 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kochlon ADDRESS Sunnyside 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Heathsville 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d IN HIRY OCCURRED 21e. PLACE OF INILIRY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from December sow the deceased alive on Januahy 14 above, (I) (we) (did) (did not) view the body after death , and that in (my) (aur) apinian death accurred on the date and haur and Iram the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Osoth Lekagul, M.D. 7425 Arlington Road Bethesda, Maryland 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Jan. 15, 1987 Metropolitan Crematory Alexandria Francis J. Collinsum Jr. BY REGISTRAR 256 REGISTRAR'S SIGNATURE University Blvd. W. Silver Spring.

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(VRA 15, 4)	11	70 Rockville Pi	ke; Roci	kville, 1	Md. 20	852	JAN	7 1987	Gulla dic	erdren. K	anciell

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR A - STATE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH DECEASED NAME MONTH LIVPE OR PRINT 6 AGE (IN YEARS LAST BIRTHDAY) NOFR 1 YEAR 4. RACE 5. DATE OF BIRTH MONTH YEAR MUG 10 1901 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [12h. KING OF BUSINESS OR 12a USUAL OCCUPATION IV OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION EXECUT SINGER - MUSIC TEXCHED ESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ATTH VIS COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1400 MONROE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE FIRST AUDILABLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DEBORAH LUXENBERG. SOL ISH ST. N. W No 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ! ... HE - E OR CONDITION GIVEN IN PART 1 I I sumb usto IFICATI 196. CONDITION FOR WHICH O ERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [CERT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC) NO! WHILE 27x.1 certify that (1) (this temperal) attended the decay saw the deceased alive an above, (I) (periodid raid not) siew the that in my composition death accurred on the date and hour and from the causes stated ATTENDING V MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 230 BURIAL CREMATION, REMOVAL 236. DAZI 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BP. LA MOTTE DI DATE RECO BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 St. N. W. (VRA 15, 4)

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			STATE OF MARYLAND		
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21 247 3	230 BURIAL, CREMATION, REMOVE BURTAL!	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY OUNT LEBANON CEMETE	234 LOCATION DOT	NCEUNTY EORGE'S MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	DONALD M. STEIN 232 CARROLL STRE	HEBREW MEMORIALS	, surely to lioute	E REC'D. BY REGISTRAR 256 REGIS	RAP'S MANAGE

Spring A Street Comment

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached to with the State Dept of the MPORTANT: If Hem 2

230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

saw the deceased alive on,

22d PHYSICIAN'S NAME (TYPE OR PRINT) Daniel Boyle, M.D.

DEGREE

10313 Georgia Ave. #201, Silver Spring, Md.

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

ATTENDING | MEDICAL STAFF
PHYSICIAN | DIRECTOR | PHYSICIAN |

231. NAME OF CEMETERY OR CREMATORY

Brentwood Prince Deorges Md.

CITY OF TOWN

CITY OF TOWN

CITY OF TOWN

COUNTY

COUNTY Burial Jan. 23,1987 Ft. Lincoln Cemetery

14 FUNERAL DIRECTOR Francis J. Collins, 150 DATE

NAME

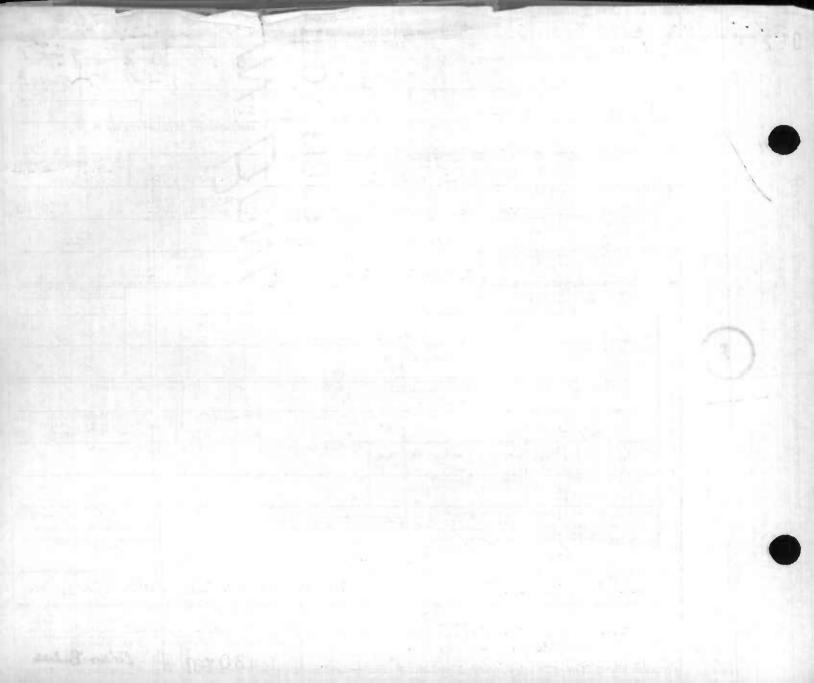
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University Blvd. West, Silver Spring, Md.

220.1 certify that (1) (this haspital) attended the deceased from

Julia Dividen Rudalle

22c. DATE SIGNED

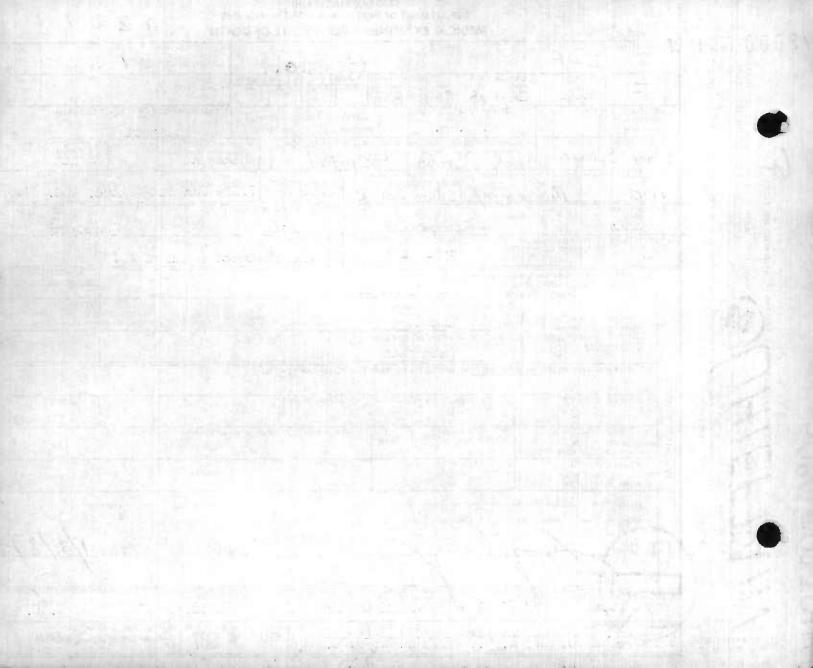


06272255	STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2	3/8
U42722 FEE	-3 STATE CERTIFICATE OF DEATH 8 REG. NO.	
o p p o	I. DECEASED NAME (TYPE OR PRINT) Gerald L. GORDON 20. DATE OF DEATH MONTH DAY JANUARY 24, 1987	YEAR ZE HOUR P
noy be poge 3 er deoth		INDER 1 YEAR IF UNDER 24 HRS
ctor.	Male Caucasian June 30, 1908 78 YRS.	THS DAYS HOURS MIN
5 THE TOTAL OF THE PARTY OF THE	76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DEATH
CEPL SI	Maruland USA WIDOWED DNORCED Montagmenu	MD.
1001 /1 V		126 KIND OF BUSINESS OR
10 10 10 10 10	Silver Spring Holy Cross Hospital Fnaincer	2 & P Telephone
212 C	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE	
AND 24	Maryland Montgomery Silver Spring YES NO 10104 Portland F	Place 20901
# (nis) 16	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
A STATE OF A	Roy M. Gordon Nora	Macagha
O RE	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	
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or to	2 Unronic obstructive pulmonary disease	
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Of Of WAY	230 BURIAL, CREMATION, REMOVAL 2316 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	21.19.00101
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Dr	Burial Jan. 28, 1987 Gate of Heaven Cemetery Silver Spring N 24 FUNERAL DIRECTOR Francis J. Collins, ORESTR. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR	essignature
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(VKM 15, 4)	500 University Blvd. W. Silver Spring, Md. FEB 2 1987 Julia D.	widern Printing

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		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									79.50							
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	TO MEDICAL E EXECUTE HE PAGE 4 TO FUNERAL AFTER DEATH BALLMORE			11/	1		1			ADDRESS.		-					-	-
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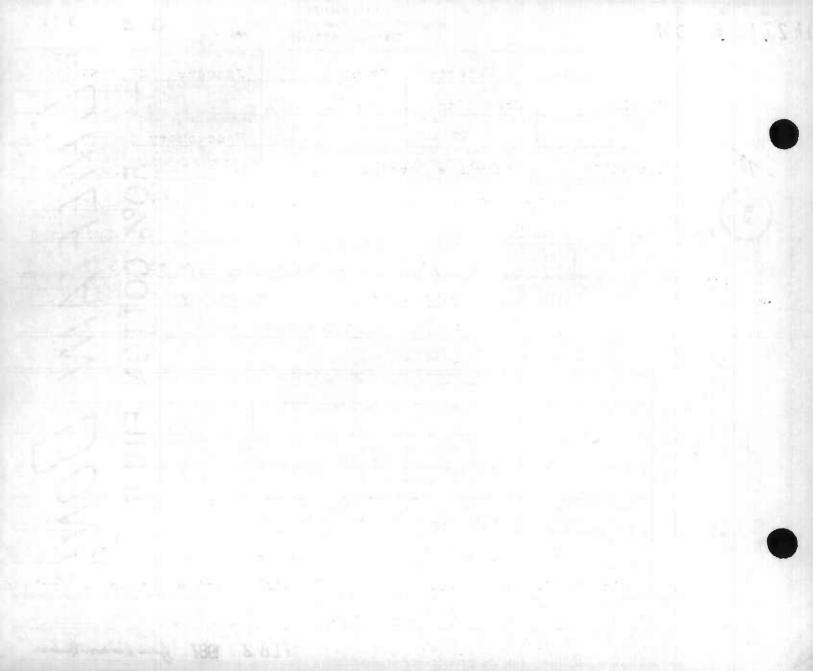
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				STATE OF MARYLAND		
041.071 14	11/2	FOR STATE PRESSTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 /	2 3 8 0
	-	CEASED NAME FIRST	MIDDLE	TAST	REG. NO.	DAY YEAR 25 HOLLS
et m#		JAH!		CAPILL	26. DATE OF DEATH MONTH	01 735
deo osk	2.00		(NMI)	GURACT	1-6	9-87 + OM
a ter	3 SE			S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
000	4	Male	Caucasian	October 23, 1917	79 YF	
a 52 /5/2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
9 11/1/		nnsylvania	United States	WIDOWED DIVORCED	Montgomery Co	ounty, MD
- i i (1)/	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT INLSUGH EACHLITY, GIVE STREET) 	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b KIND OF BUSINESS OR INDUTES ON
5 11)	Ro	ockville	Collingswood N		Comptroller/Rad	dio & Station
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ND 24		nnsylvania Alle		The state of the s	905 William Pe	
1 11/1/2		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MARY ed with			R. Gormly	Martha	WIDDIE	Wilson
m 5 5 6		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	Same as item
Wood on war	- (YES NO OR UNKNOWN) (IF YES, GIV	- WAR OR DATES) 1/27-01-	0107 Mrs. Cora H	Gormly, Wife,	
BALTIMOR be exected the second th		18 CALISE OF DEATH (Fater on	ly ane cause per line far (a), (b), an		Gorney, Wile,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
:		PART I. DEATH WAS CAUSE	DBY.			A CLITE
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PRESTON ST		C 10: V 111	DUE TO, OR AS A GOMBEOU	A PROCIOSCIERO	515	Chemic
To the second		Canditions, if any, which gave rise to immediate	1 Character 5 d	MILYBRIOSCIONO	. , ,	2,750,10
there are the the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
s the			(c)			
Signe sen p o bu	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
OR Series	CERTIFICATION	19g DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	VEC WEDE CINIDANOS USED
S or a dead	E S	196 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
NG PHYSICIAN The low requirements of the physician there this certificate has been signs the burial-transit permit. There hand Mental Hygiene prior to briked or them 18 shows any injur	E	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	131-11014 11111111111111111111111111111111	YES NO X	YES NO
Physical Phy		OR CONTRIBUTING CAUSE OF DEA	110.10 1 11 110.1011	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	S 18 PART 1 OR PART 2)
SICI SICI NO P	S	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
PHY ending	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG officer of the orke	-	AT WORK NOT WHILE AT WORK				
NO IS A SE		220 I certify that (I) (tEXXXX	tal) attended the deceased fram			
Port of 100 12 12 12 12 12 12 12 12 12 12 12 12 12	-	saw the deceased alive an abave, (1) (wh) (did no	January 6. 19 8	, and that in (my) (ठूट्रा) apinion	death accurred on the date and	haur and fram the causes stated
ho h		226 SIGNATURE	(4) () a di	PEGREE		22c. DATE SIGNED
AL DAL DEFO		house	01000	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	Mar 6, 1891
SPIT.	1	224 PHYSICIAN'S NAME (TYPE O	RPRINT	<i>y</i>	04 FISURGIL	Avent
TO HOSPIT, retained by TO FUNER, should be diwith the Stelland MAPORTAN		DIC. 140,	MAS POOLE		IARYLAND 8	4922
Of of Share	23a E	BURIAL, CREMATION, REMOVAL	23b DATE January 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	00-0
1998999	(Burial		and View Cemetery	CITY OR TOWN	Pennsylvania
11-11-1	24 FL		A. Pumphrey Fun	oral Homes 1250 DA	Johnstown TE REC'D. BY REGISTRAR 25b. REC	
(VRA 15, 4)						Idia Troiden Pandos
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 7- STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 20. DATE OF DEATH MONTH 2h HOUR I. DECEASED NAME TYPE OF PRINTS Anne Majette Grant 28.1987 Januarv IF UNDER 24 HRS 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR RACE sept. 11, 1898 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Georgia United States WIDOWED DIVORCED IX Montgomery County. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS Story Teller Rockville Nursing Home Rockville Social Work ISLIAI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136.STREET ADDRESS / ZIP CODE 5505 Durbin Road/20814 13a. STATE Bethesda 13d. INSIDE CITY LIMITS? Maryland Montgomery 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Smith MIDDLE Edwin Majette FIRST Swinney Vara 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 085-16-1899 Lindsey Grant, same as #13 18 CAUSE OF DEATH (Enter only one cause per line for tal, (b), and ic. PART I. DEATH WAS CAUSED BY: Hyperkalemia; cardiac arrythymia 2 days IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Chronic renal failure Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Hypertension PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE rep. 85 28 Jan. 22a.1 certify that (1) (this hospital) attended the deceased fram... sow the deceased alive on 27 Jan obove, (I) (we) (did) (did not) view the body after death 19 87 and that in (my) (aur) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan. 28,198 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b Richard W. Huss, M.D. 5624 Shields Drive Bethesda, Maryland 230 BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 23¢ NAME OF CEMETERY OR CREMATORY Cremation 29, 1987 Metropolitan Crem Alexandria, Virginia BP 24 FUNERAL DIRECTOR ROBert A. Pumphrey Funeral Home of Date Rec'd. By Registrar's SIGNA Bethesda-Chevy Chase, Inc. 1855 Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814 DHMH - 16 60M 7/B4 FEB 2 Julia Dividson Randall (VRA 15. 4)



Rockville, MD 20850

George R. Snowden

(VRA 15. 4)

500 University Blvd. West. Silver Spring. Md

(VRA 15, 4)

STATE OF MARYLAND



Glen Burnie, Maryland

(VRA 15, 4)

Singleton Funeral

Hone



				STATE OF MARYLAND	201
0419	149		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	385
0711	0		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
لم	AN, 170		CEASED NAME FIRST		DAY YEAR 26 HOUR
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and	PLEASE ECTOR. FILES. HOURS	3 SEX		The Mount of the Market	190 10 4
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Œ.	DIRE DUR OUR ON S	-3	M CAUC	07 05 08 78 YRS. DEAD /19	195) SEM
Offfi	37×45	7a BI	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
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(H)	ZOWIN	10 CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12)	MND OF BUSINESS
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2	300m2		BETHEOR	U.S. NAVAL GOSPITAL RETIRED	US AKMY
- S		USUA 13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 13c CITY OR TOWN 13d INSIDE (IDM IMITS? 13e STREET ADDRESS 208/	
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kern A0.2	F. S. S.	14 F/	THER'S NAME	IS MOTHER'S MAIDEN NAME	
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	AND		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9)	110061
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S C	SHO TO TO	MEDICAL	21d INJURY OCCURRED	DEATH P.M. VAN 1967 COULDMT SWOLLOW 21e PLACE OF INJURY (ATHOME. 211 LOCATION	
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Repla	THIS C WARDI WARDI PAGE 3		AT WORK AT WORK	1 HOME 8328 FONWALLY RD BETHOSOM 1	MIN MA
Se .		23.0	228 Leertify that Ltook chara	ge of the remains described obave, held an Autopsy . Inspection . Inquiry . and in my opinion	
)-shell	EXAMINER: CERTIFICATI ULD BE FOR ULD BE FOR WITH THE (WITH THE (MARYLAND)		TO THE RESERVE OF THE PARTY OF		on
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	¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		SIGNAPTRE	ATO DELT MEDICAL EXAMINER SIGNED	4110105
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	TO MEDICAL EX EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH, W BALTIMORE, MAI	23a.BI	JRIAL, CREMATION, REMOVAL 2	236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION	
07/84		2	BURIAL	1-23-87 ARLINGTON NAT. CEM. ARLINGTON, COUNTY	M4 STATE
25M	BP		INERAL DIRECTOR JOSE	PH GAWLERIS SONS, INC. 250 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGN	VATURE
	DHMH - 17	-	NAME	ADDRESS	
	(VR A15 ME (5))	7	130 MIZCONTIV	J AVE, NW, WASH, DC. 20016 APR 20 1987 file Dirigion ?	والقعام

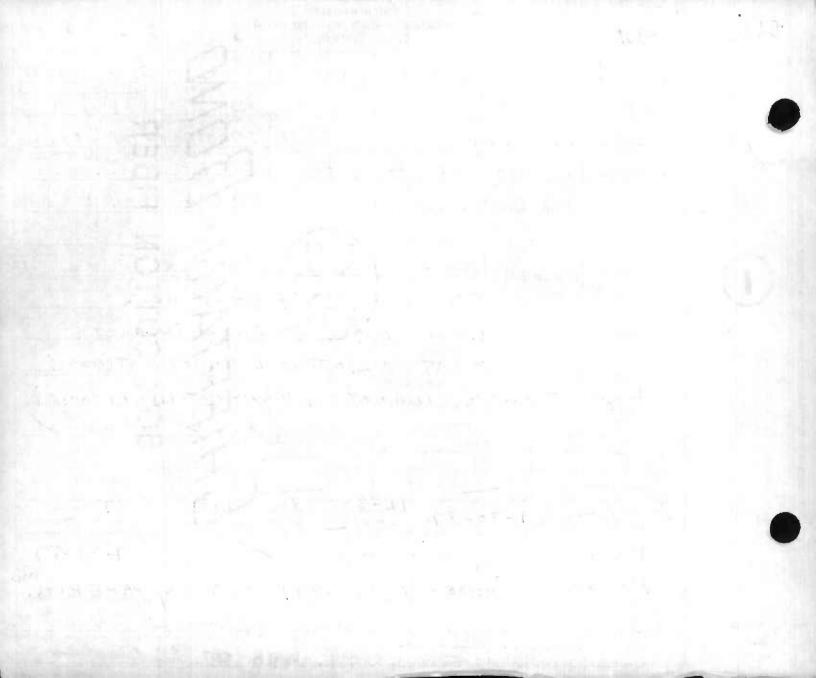
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hoy be		(TYPE	GRASED NAME ORPRINT)	VE RISIE	EL-SI	E	GUE	20. DATE OF DEATH	-87 DAY	YEAR	0845 M
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deoth. Performed the hing 2 ho	5	N	RTHPLACE (STATE OR FORE OUNTRY) Maryland TY OR TOWN OF DEATH	US		MARRIE		IMONTE	SOME	24	MD
hours offer filed wife	2)	RO	OCKUILLE AL RESIDENCE (IF NURSING	COLL	UNGSV	WORTH	N H	120 USUAL OCCUPAT	OF WORKING LIFE)	126. KIND OF INDUSTRY Homema	BUSINESS OR .ker
LAND 21	5	130. \$	TATE DENCE IN NORTH	MONT	13c. CUY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO 1	8700 Damas	ZIP CODE	2087	2
E, MARY complete complete complete			Oliver		andenbu		Susie	MIDDLE	Mole	sworth	
ALTIMORE Te be executed or ond control ond the medical or the medi	/		ES, NO OR UNKNOWN) (II	FYES, GIVE WAR OR DATES)	213-16	6-6805F	Irvin L. G	ue Gaither	oshen R	Md. 20	
NG PHYSICIAN: The low requires that the death-certificate be executed within 24 hours oftending physician. Next this certificate has been signed by the orienting physician and completely filled in by as the brund-transit permit. Then please remove colonopapers, Pages 1 and 2 in 18 hit fills in and Avental Hygiene prior to buring, cremovial, or removed.			Conditions, if ony, where gove rise to immedicate (a), stating	DUE TO,	OR AS A CONS	EOUENCE OF A	Y.	5		BETWEEN ON	ATE INTERVAL ISET AND DEATH
L KECORDS, 201 V n. n. requires that n. peems signed by permit. Then please ne prior to burial, c ws gay injury, or oft	9	CERTIFICATION	PART 2 OTHER SIGNIFICATION DATE OF OPERATION	wort	CONTRIBUTING	nary }	NOT RELATED TO THE TER CALB JA N WAS PERFORMED	100 AUTOPSY?	206. IF YES, W	ERE FINDING G CAUSES O	F DEATH?
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TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detached if with the Store Dept or MAPORTANT: If hem 2	_		774 PHYSICIAN'S NAME	Late	a My		DEGREE	MEDICAL STA	FF	224. DATE SIG	
TO HOSS retoined TO FUN should b with the	1 2	3e Bt	JRIAL, CREMATION, REM			23¢ NAME OF C	20528 German	ntown Rd., G	ermanto	wn, Md	•
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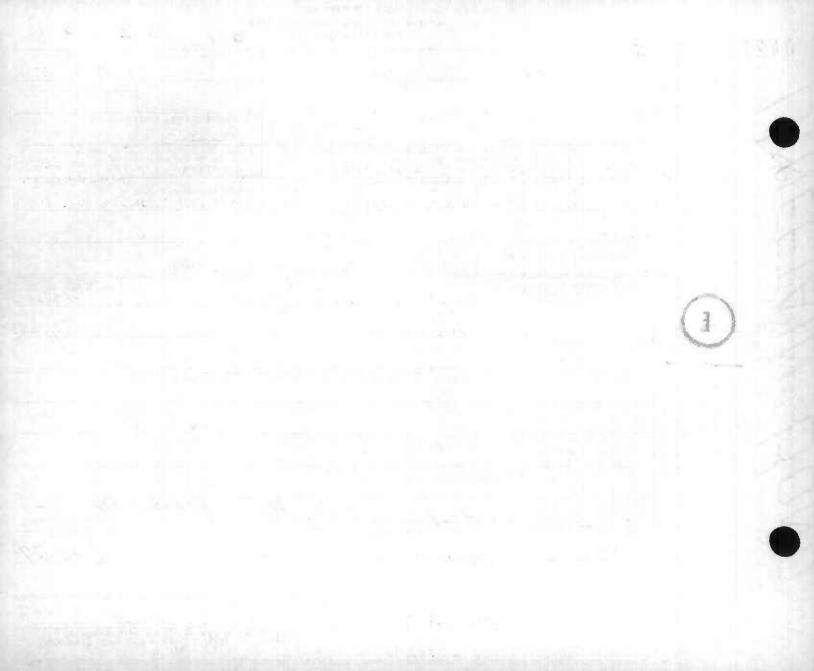
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-**EDWARD** □ 1-12-87₁₀ **GUYNN** FTOYD DATE OF BIRTH 4. RACE 6. AGE (IN YEARS IF LINDER 24 HRS 24 HOUR 2c. DATE PRONOUNCED Jan. 18, 1949 9:10P White Male 37 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED Montgomery County IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION CTYPE OF WORK IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Excavating Foreman Suburban Hospital Excavating Co Bethesda | 13d. INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 24707 Ridge Road 20872 Maryland Damascus Montgomery M FATHER'S NAME IS MOTHER'S MAIDEN NAME Whisman Rachie E. Guynn, Sr. James 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS YES, NO. OR UNKNOWN) Janet D. Guynn(wife) same as 13e 218 54 5755 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Compression asphyxia and multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO 🗌 *ORWARDED TO THE DR: PAGE 3 SHOULD HE STATE DEPARTMEN ND, \$1,201 PRIOR TO # 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING XOR 5:25-RM struck by dump truck CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, ZIL LOCATION construction site Wayne Garden Drive Clarksburg, Md. STATE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARTHAND, 21,201 WHILE NOT WHILE Autapsy X 224 I certify that I took charge of the remains described above, held an Inspection _____, Accident X death resulted fram: Natural causes Undetermined manner DATE 1-13-87 A. Assistant EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. 111 Penn Street 234 LOCATION CITY OR TO L'Aytonsville, COL Maryland TE 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 1/17/87 Laytonsville Cemetery 07/84 BP 24 FUNERAL DIRTYSon Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

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	1				STATE OF MARYLA	AND					
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n c	(TYPI	ORPRINT) Lau	ra	G.	Hagan		Van	3187	0650		
	3 SE	X	4 RACE		5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS		
/		Female	Caucas	ian	August 9.	1903	83	YRS MONTHS DAYS	HOURS MIN.		
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		Bethesda	Jubi	urban	HOSPIT	al	Admin. Assist	tant U.S.De	pt.of		
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7	14 F	ATHER'S NAME FIRST	WIDDLE	LAST		S MAIDEN NAME	WIDDLE	LAST			
uf	_	Ernest	H.	Ady		san	Y ADDRESS A	Crow			
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,	-	226 PHYSICIAN'S NAME (TY		up eva	22e ADDRES	PHYSICIAN	DIRECTOR PHYSICIAN	1-71	-61		
		POLICIAN SNAME (IVI	E OR PRINT)		- IZE ADDRES	0	Barre	1.	a mo		
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		BURIAL, CREMATION, REMOV	AL 23b. DATE	23€. №	IAME OF CEMETERY OR		236. LOCATION CITY OR TOWN	COUNTY	STATE		
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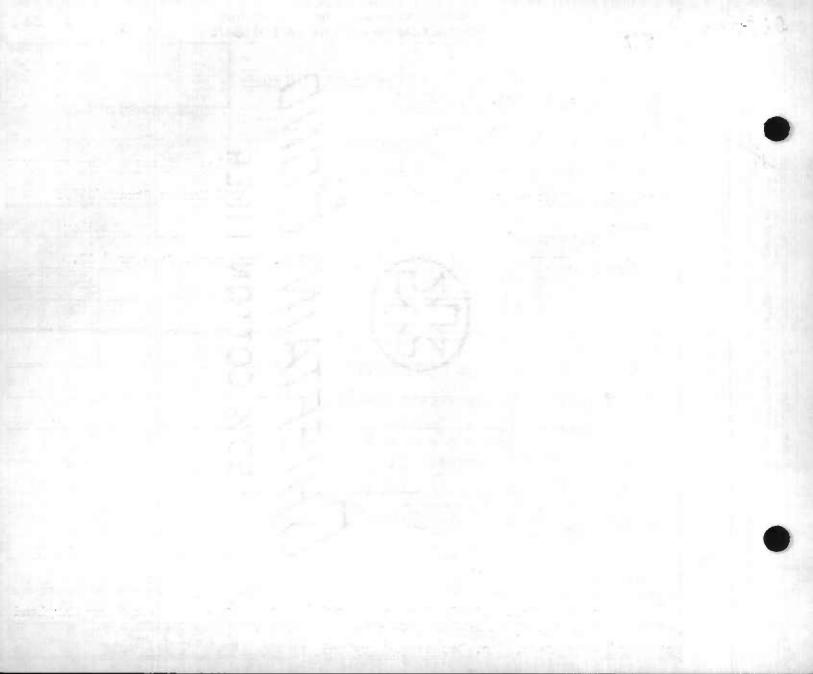
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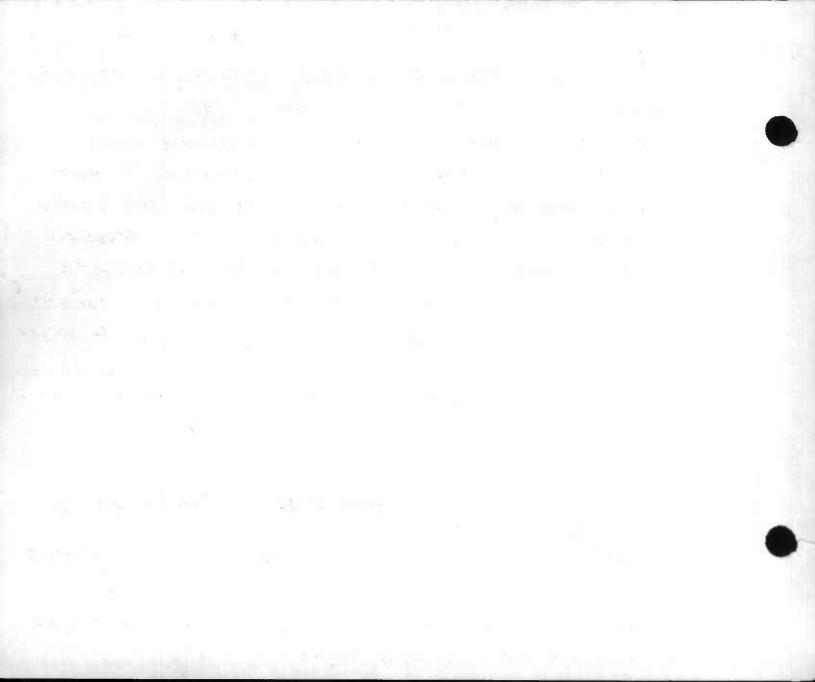
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PACE 4: SHOULD BE FORW TO FUNERAL DIRECTOR: PACE A PHER DEATH THE ST. BALTIMORE MARYLAND, 2	1	EXAMINER'S (TYPE OR PRI	NT)	Willi	am M	Za	ne, M	.D.		_ADDRESS_	111	Penn	St.	, Bal	to.,	MD	2120	
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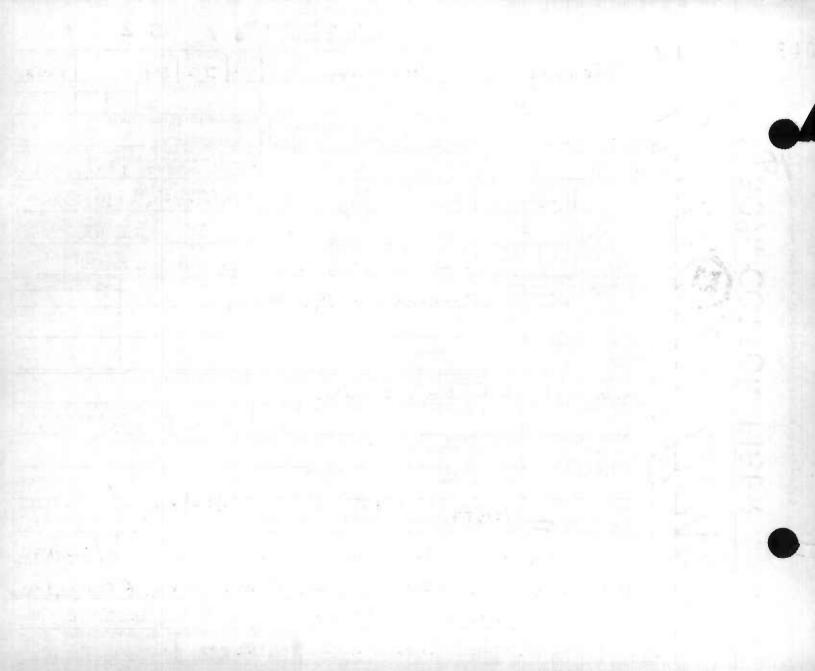


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OR ATT	1	22b. SIGNATURE	ot) view they bod	y ofter death.		DEGREE			22c DATE	
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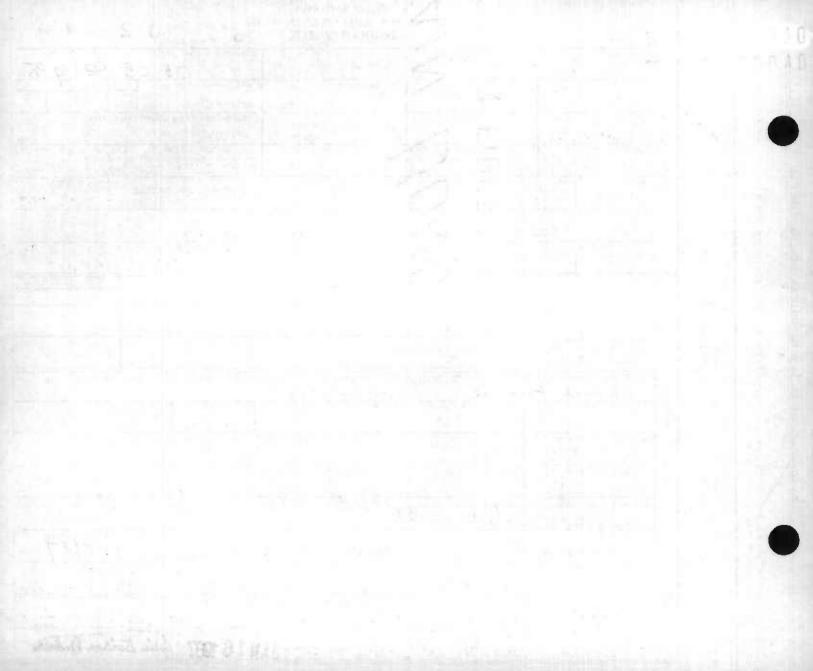


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frer o	3. SE	X	4. RACE		5. DATE C	DAY YEAR	6. AGE INYE	ARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
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35	Mar	cyland Mon	tgomery	Wheat		YESZEK NO	11102	-Bucl	cnell	Drive	20902
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2 40 9 1		VAS DECEASED EVER IN U.S.		166 SOCIAL	SECURITY NO	17 INFORMANT		ADDRE	SS		
60	(yes, no or unknown) (if yes,	GIVE WAR OR DATES)	579-1	8-3200	Frank J.Harm	on (Husk	oand)	Same	as #13	
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STATE OF MAKTLAND

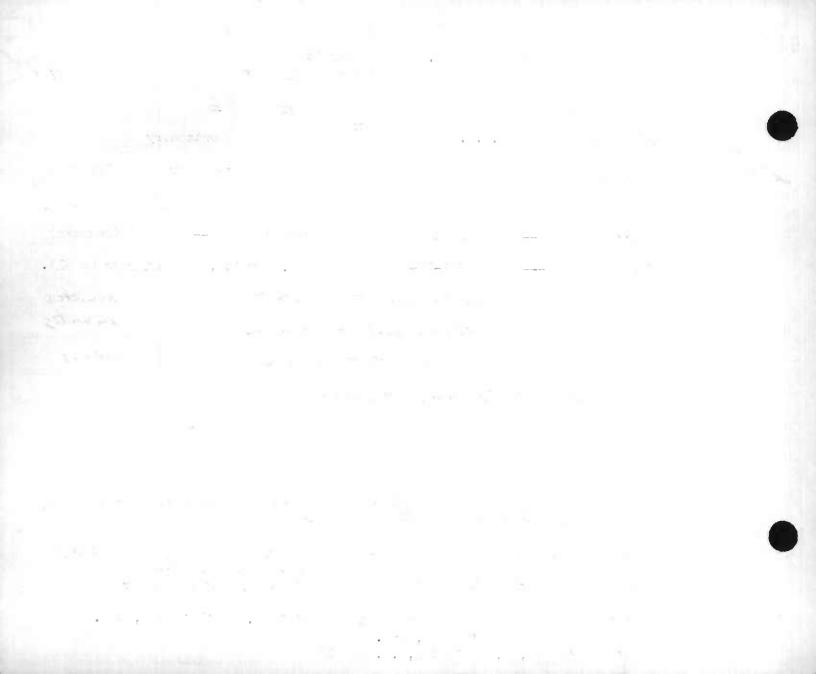


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH EGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR SAMUEL HARRIS JR. ALYPBOR PRINTI JAMES DATE OF BIRTH 3. SEX 4 RACE IF UNDER LYFAR Male Black DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Montgomery County Washington, DC USA WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Fork Lift Operator (20783)13e STREET ADDRESS / ZIP CODE Maryland Montgomery Adelphi 2008 Erie Street, Apt. 201 YESXX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE James Samuel Harris Sr. Pauline Talley 17. INFORMANI2008 Erie Street, Apt. 201; Adelphi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 579-58-3874 Mary Ann Gee Harris (wife) Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (4) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (th/we) (did) (did not) view the body after death 226. SIO VATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Morno 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Silver Spring, Maryland ld b Antonio G. Uy, M.D. 831 University Blvd. East, (20903) 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECHY) Burial 01/10/87 Washington National Suitland, P.G.Co. Maryland 24 FUNERAL DIRECTOR LATNEY'S Funeral Home DHMH - 16 60M 7/84 3831 Georgia Avenue, NW; Washington, DC 2001 (VRA 15, 4)



m 00:0 28; 1987 0:50 m Sept. 21, 1091 Yew Versey X Northonesty ilver Spring Fel Fre Health Center | Parkgerent Office Co. --- Medianton, C x 3003 Van Ness St., in/2008 (meaning) . I an exercise osci, revers predes - - 1- 1-12,315 2 4.0 urist 24/9 %, incols demotory Prontwood, ID Locett dewler's sons, Inc. Sign iscer in ve, M, wanis ten, D.O. 2001a

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10.00		Burial	1/4/87	Beth	Emeth Memorial		ngton, Del.	
6 50M 4/83	24 F	UNERAL DIRECTOR JOS	eph Gawler	s Sons,			256. REGISTRAR'S SIGNATURE	
15, 4)		130 Wisconsin				V 6 1987	Alex Director Panda	علاق



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 26 HOUR DECEASED NAME MIDDLE YPE OR PRINTI 2, 198 Hawley Carol Crocker 6:55P Jan. SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Dec. 7, 1924 White 62 Female To. BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY U.S.A. Montgomery Mass. WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3609 Cardiff Road Homemaker Own Home Chevy Chase MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136. COUNTY

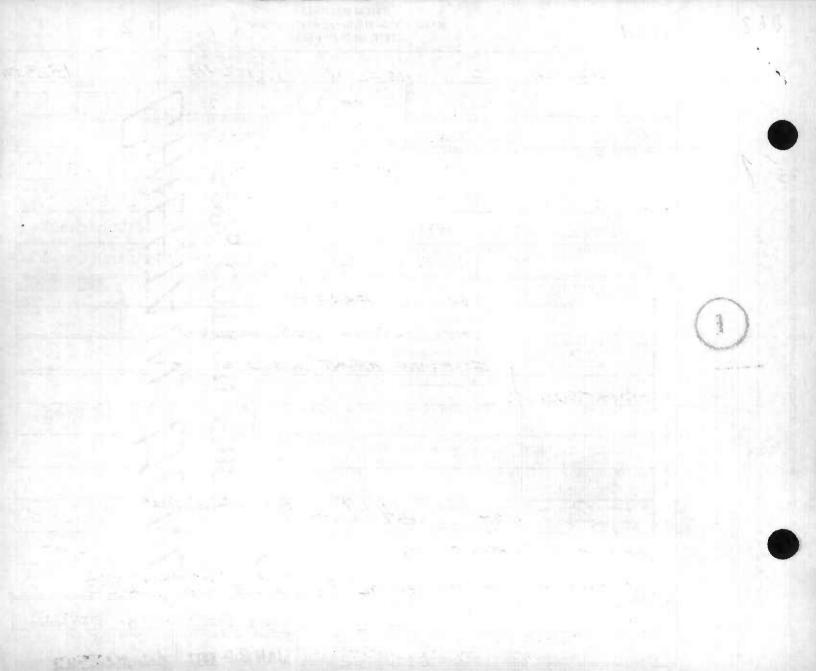
137. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3609 Cardiff Road/20815 Montgomery Chevy Chase MD YES KI NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Merle Mac Donald Crocker Zenas 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Charles B. Hawley, Jr., Same address as 13. 579-90-7001 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYS CIAN'S NAME (TYPE OR PRINT) 72e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Alexandria, VA STATE Cremation 1/6/87 Mt. Comfort Crematory BP. 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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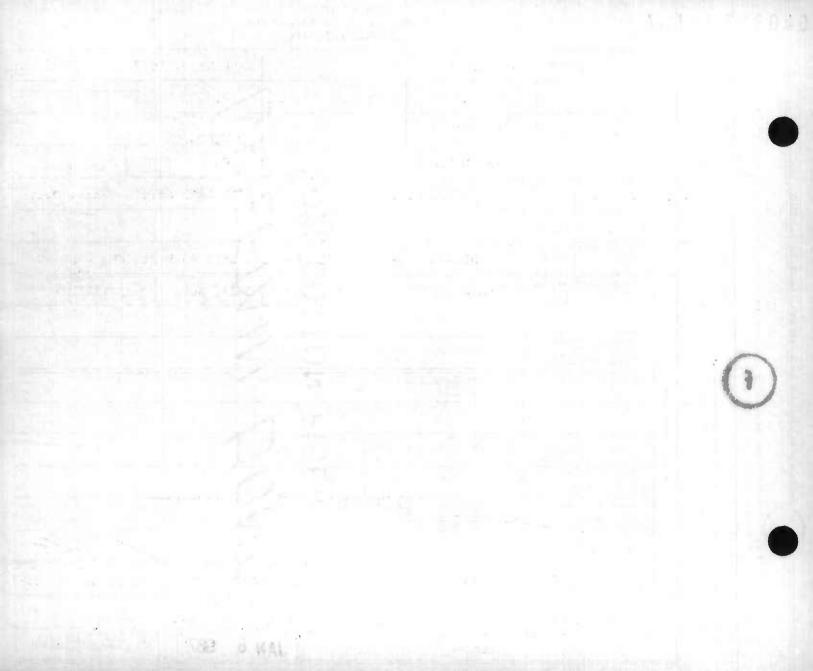
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(VRA 15, 4)		PA,300 West Mo	ontgomery Ave.	Rockville,MD	N 2 9 1097	A . O DO DATE	

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eo pe eo p		EASED NAME FIRST EMILY TU	RNER HEINEMAN	L	ASI	JANUARY 4,		1005 A
ge 4 moy	3. SE)	FEMALE 4	CAUCASIAN	S. DATE O	FBIRTH EMBER 17,4895	6 AGE (IN YEARS LAST BIRTHD	YRS.	
eoth. Pagender in 72 hou			CITIZEN OF WHAT COUNTR INITED STATES	Y? 8 MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9 BALTIMORE CITY OR OMERY		MD.
5 July 27	В	ETHESDA	I. NAME OF HOSPITAL, NUR (IF NOT AVAIL! THOSP	TTAL ^{ESS)}	R OTHER INSTITUTION	HOUSEWIF	VORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 212	USUA Ų ą "S	LESIDENCE (IF NURSING HOME OR OF THE LAST)	THER INSTITUTION, GIVE RESIDENCE BEF WASH.		134 INCODE CITY LIMITS?	1325F8 APPEN / S		
MARYLI ed within ond 2 st	HE	THER'S NAME NRY FI TURNER	DDLE LAST		JANE SMITH			20007 .AST
MORE, n ond co Poges 1	160 V NO	(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V			AMALIA LUEDE	ADDRESS R, 2518 44th		VASH DC
AL RECORDS, 201 W. PRESTON The law requires that the death of the law between the control of the attending to the period of the attending to the period of the transfer of the stay injury, or other transfer of the stay injury or other transfer of the stay injury.	NOI	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	DUENCE OF	NOT RELATED TO THE TERM	inal disease or condi	TION GIVEN IN PART	l(a)
AL RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM IS PART I OR PART 2)	
NG PHYSICIAN: of the ording physicians of the buriol-tron in and Mental Has orked or fem 18	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI		ZII. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDIN he hospital or DIRECTOR: Af oched for use a Dept. of Health		22a I certify that (1) (this hospital saw the deceased alive anobove, (1) (we) (did) (did not) 22b. SIGNATURE	1) attended the deceased Iron 14 January 19 View the body after death.	2.87, an	d that in (my) (aur) apinian of DEGREE ATTENDING	MEDICAL STAFF	and have and from the	that (I) (we) last the causes stated
O HOSPITAL etained by the Front FuneRal hould be det with the State MAPORTANT:		224 PHYSICIAN'S NAME UPPEORE R. KEATING, LT,			77. ADDRESS NAVAL	Director Physicial HOSPITAL, NA	AVAL MEDICA	AL COMMAND,
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	73d. LOCATION CITY OF TOWN	COUNTY	STATE
GGG DHMF 16 60M 7/84 VRA 15, 4)	24 FU	CREMATION INERAL DIRECTOR RICHA 1804 T ST., N	1/5/87 M RD RAPP, INC .W., WASHINGTO		the decision of the decision o	E REC'D. BY REGISTRAR 25	RIA, VIRGIN b. REGISTRAR'S SIGNA Alaka Dianasa	ATURE -

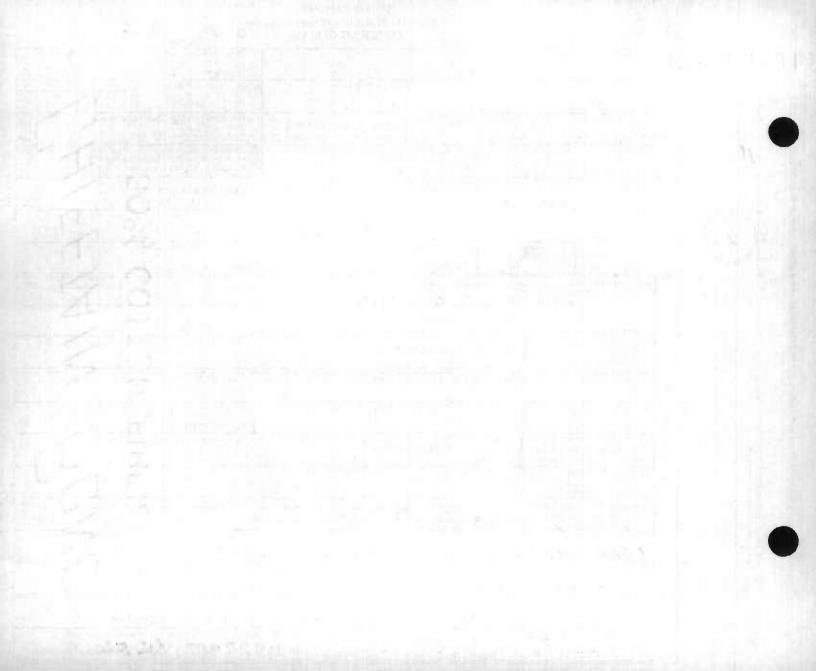


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0 2 7 MM	ah-	FOR STATE	DEI	PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE	2
O O I JAR	17.00	REGISTRAR			REG. NO.	
m 4		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth		JUNE	E	HEINEN	1-1	4-87 10-43 M
r. pe	3. SEX		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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7 18 7	To		u.s.A.	WIDOWED DIVORCED		AAD
70	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	126. KIND OF BUSINESS OR
意义	Si	lver Spring	Holy Cross t	ospital	Homemaker	Homemaker
	130. S	L RESIDENCE (IF NURSING HOME C TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13. STREET ADDRESS / 7IP CO)OE
180		ryland Mont	gomery Silve	r Spring YES NO	2306 Hildaros	2 Drive 20902
100	14. FA	THER'S NAME		15 MOTHER'S MAIDEN	NAME	
(b)		George	MIDDLE	erring Laura	MIDDLE	Bortz
1		AS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRESS	
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2			only one couse per line for (o),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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lury.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PORT 110
ny in	CERTIFICATION	196 DATE OF OPERATION	19h CONDITION FOR V	WHICH OPERATION WAS PERFORMED	28e AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
Ne D	FIC	THE OTHER MAN	170 CONDITION ON V	THE TOTAL THE TABLE	IN CER	RTIFYING CAUSES OF DEATH?
ods -	ERT	716. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71r HOW IN ILIPY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO
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ork		AT WORK AT WORK			Λ	
.5			pital) offended the deceased	67	4 10 Jan 19	
121			on view the body after death.	, one mor in (my) (our) opin	nion death occurred on the date and	hour and from the causes stated
Hen		226. SIGNATURE	1 0	DEGREE		22c. DATE SIGNED
=		Hould	6 mon	M. O ATTENDIN PHYSICIAL	MEDICAL STAFF DIRECTOR PHYSICIAN	1/19/87
TANT		226. PHYSICIAN'S NAME TTYPE	OR PRINT)	22e ADDRESS		1
MPORTANI		NAROLD 4	URAPER	m.D. 1980/ GE	ORGIA AVE S	: 66ER SPRING h
MPORTA		URIAL, CREMATION, REMOVA	AL 23b. DATE	231 NAME OF CEMETERY OR CREMATO		1 min
	(Burial	Tan 17 1987	St. John's Cemeters	Silven Sprin	g Montongery Md.
	24 Ft		icis J. Colling		DATE REC'D. BY REGISTRAR 256 REG	
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1 0 8 3 8 11M		FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL I	IYGIENE	/ REG. NO.	2 .	U 4
deep 3 be		CEASED NAME	GIOR	TRUDI	E C.	Hen	yo N	20 DATE	OF DEATH MONTH	18/87	26 HOUR 0900 M
e 4 moy cror. pog s ofter do	3 SE	Fema	le	1. RACE	esian	S. DATE C	. 11, 191, 191, 191, 191, 191, 191, 191,	6. AGE (II	YEARS LAST BIRTHDAY)	MONTHS DAYS	
1 1835		RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED		ORE CITY OR COL	INTY OF DEATH	MD
. 190		ITY OR TOWN OF DEA Bethesda	ίΤΗ				e Center		L OCCUPATION ORK FOR MOST OF WORK OMEMAKE	r 12b. KIND INDUSTRY	of Business or
AND 212	13a.	al residence (# nurs State [aryland	13b COUN	other institution, ity gomery	136 CITY OR TOY Germa	re admission) NN ntown	13d. INSIDE CITY LIMITS YES 🛣 NO 🗌	? 13e.STREE	ADDRESS / ZIP (code erick Roa	ad 20874
MARYLA MARYLA	14 F/	Frank	Í	řall	Poe		is mother's maiden Edith	NAME	MIOOLE	Johns	ðn
TIMORE, be execu-		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR OATES)	579-09-		Charles W.	. Henyo		37 Windso	
ST., BAL orthicate orpoper emoval.		18 CAUSE OF DEATH PART I. DEATH W		ly ane cause per D BY: E CAUSE (a)	fine foctor, (b), &	usti	to lor	non	na	APPRO BETWEEN	NONSET AND MEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The face anguines that the death certificate be executed within 24 hours of the desire physician. When this description and compiletely tilled to by os the burnol-tromb permit Then place states of the place of the		Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	(b)_	R AS A CONSEQU	401	roma	Li	wh		
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NG PHYS Offer this of the burner of the bur	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PEACE O	OF INJURY BET, FACTORY, OFFICE	TARM, ETC.)	211 LOCATION STREET	3/	CITY OR TOWN	COUNTY	STATE
ATTENDIII Sspitol or CTOR: A 3 for use. I of Healt		22a I certify that (I) saw the decease abave, (I) (we) (c	ed alive an	1/	e deceated fram		id that in (my) (aur) opin	death occur	red an the date and	d hour and fram th	, that (I) (we last e causes stated
the hor the hor the hore DIRE detached one Depth II. If then II.		22b. SIGNATURE	13 2	Min	L	m		MEDICA DIRECTO	L STAFF	22c. DAI	8/87
O HOSP to Fund to thought be with the S		7/10 S	6	· WA		2116	Robers	sed,	Beth	Isola	20817
ВР		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	1/10/8	37		emetery or cremator f Heaven Cer	netery	Silver	Spring, N	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME 1331 Rocky	Tysor ville P	Wheele	er Funera kville, M	al Hom arylan	e, Inc.	JAN 1	REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS January 18, 1987 Hazel Tone Herbero 11:45 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR White Female 3. 1913 July 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Dakota United States WIDOWED DIVORCED X Montgomery County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 20504 Highland Hall Drive Gaithersburg Library Assistant Library MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13L CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Gaithersburg Maryland Montgomerv NO 20504 Highland Hall Drive /20879 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST Michae! Broun Rosen W. Minor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OF LINKNOWNS HE YES GIVE WAR OR DATEST 540-46-8577 No Carol L. Parise, Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Metastic Cancer DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR YES T NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART LOR PART 2) OI 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ă AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE P NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from October 27 19.86 to January saw the deceased olive an December 30 19 86 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 225 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL old be dete 1-19-87 CLEPHYSICIAN X DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE CONTINUED 22e ADDRESS 8808 Hidden Hill Lane MPORT Potomac, MD 20854 Elba Martinez, M. D. 0 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIEY) CITY OR TOWN STATE COUNTY BP Cremation 1 - 19 - 87Cedar Hill Crematory Suitland, Maryland 24 FUNERAL DIRECTOR Richard Rapp, Inc. 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Devideo 1804 T Street, NW. (VRA 15, 4) Washington, 20009



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	e d	5	3. SEX	X	4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UNDER 24 HRS
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	To part	10	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 186	KIND OF BUSINESS OR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE REG. NO EASED NAME 20 DATE KNOWN (TYPE OR PRINT) Thelma D. Herring DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. D.C. U.S.A. DIVORCED X 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IRS/US Gov't Admin. Asst. 20815 13c CITY OR TOWN 15. MOTHER'S MAIDEN NAME Adams Osmond Laura Virginia 17. INFORMANT 16b. SOCIAL SECURITY NO ADD 7505 Glendale Rd. 216-44-2702 Patricia L. Hulbert, Chevy Chase, MD No IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL JZN101951 SIGNATURE EXAMINER'S NAME PAGE TO FUR AFTER I John S. Rogers Silver Spring, Montgomery Co., MD TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial 1/13/87 Cedar Hill Cem. Suitland, MD 24 FUNERAL DIRECTOR Joseph Gawler&s Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 5130 Wisconsin Ave, NW, Wash., D.C. 20016 (VR A15 ME (5))

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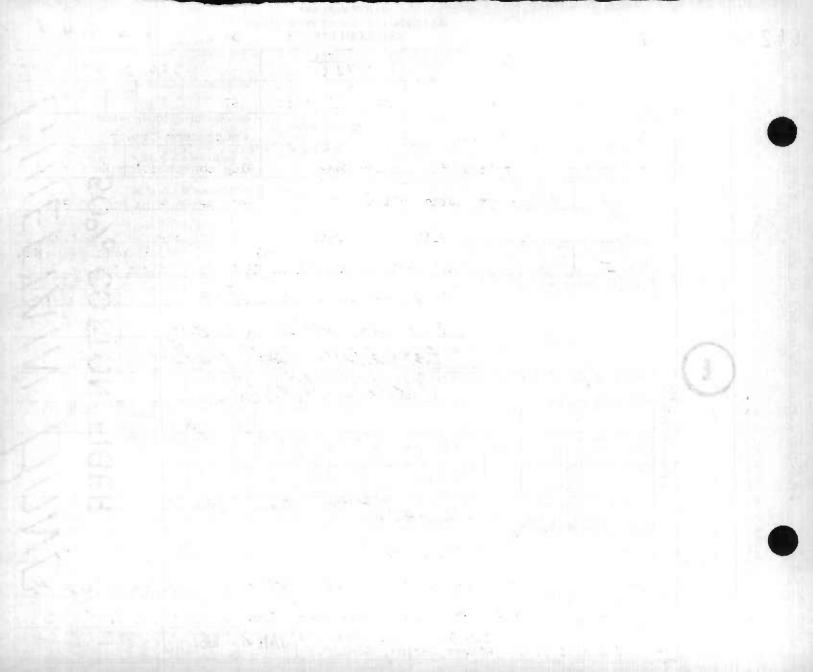
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220 Certify that () (this hospital) attended the deceased from 1985, 19, to 13187, 19 saw the deceased alive and how	19, that (I) (we) last
above, (I) (we) (did) (did not) view the body after death 27b. SIGNATURE DEGREE	22GDATE SIGNED
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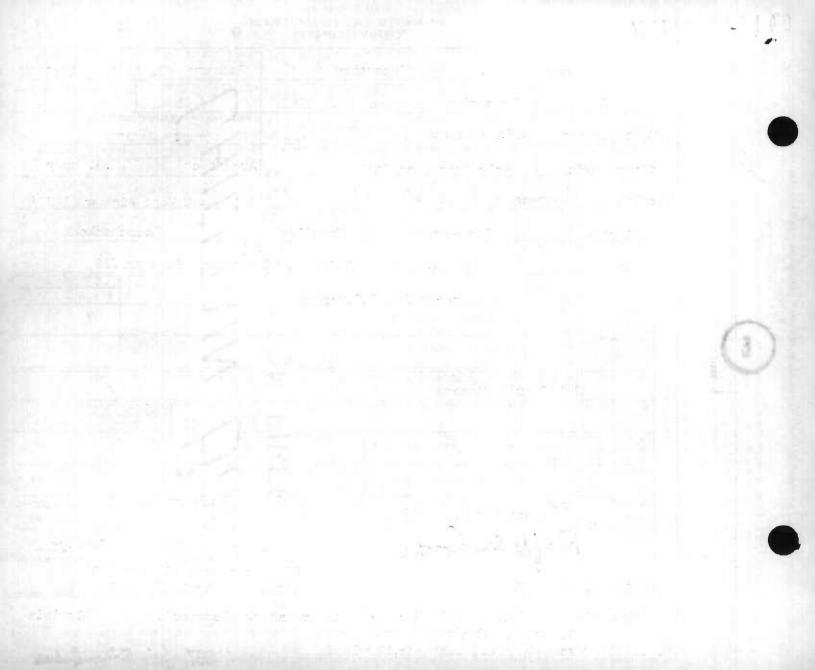
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P.A., 7557 Wisconsin Ave., Bethesda, Maryland

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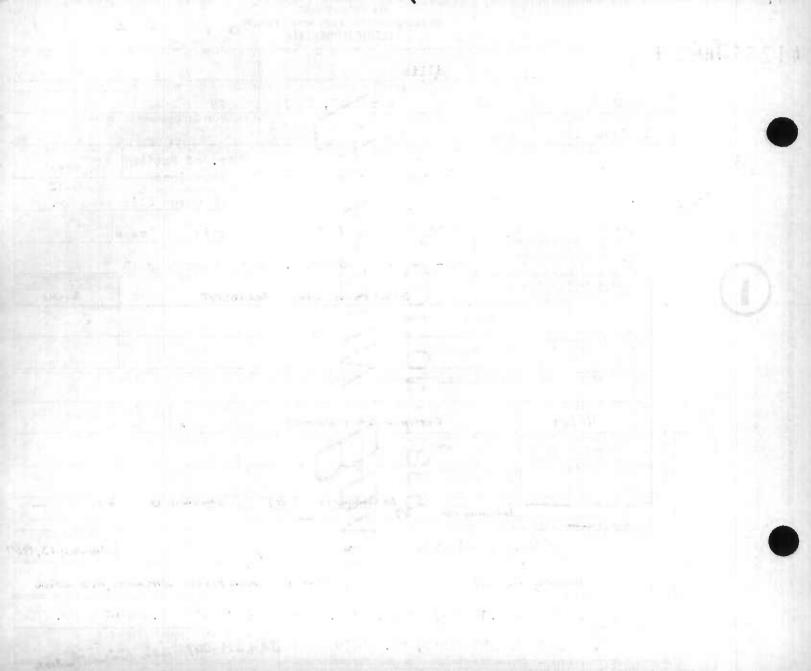
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) poge 3 Henry Ninghan Ho January 19, 1987 1.05 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR 5. DATE OF BIRTH IF UNDER 24 HRS MONTH DAY YEAR Male Asian February 1. 1937 Ta BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY China United States WIDOWED DIVORCED [] Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY U. S. Naval 11702 Devilwood Court Potomac Electrical Engineer Research Lab SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland 11702 Devilwood Court / 20854 Montgamery NO X Potomac 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Lien Yu Yin Ho Chen Hwa In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST No 577-50-4103 Linda R. Horton, Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CANCER mns IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CATION a 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NON NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased fram to January 19 87 IAVAA410 19 saw the deceased alive an... and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did not) view the body after death. 226 SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 1-19-87 MPORTANT 22e ADDRESS 1145 19th Street, NW, #700 Washington, DC 20036 Allen M. Mondzac, M. D. 0 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23h DATE 23d. LOCATION [SPECIFY] CITY OR TOWN COUNTY STATE Cremation 1-19-87 Cedar Hill Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Richard Rapp, Inc. DHMH - 16 60M 7/84 (VRA 15, 4) 1804 T Street, NW. Washington, DC

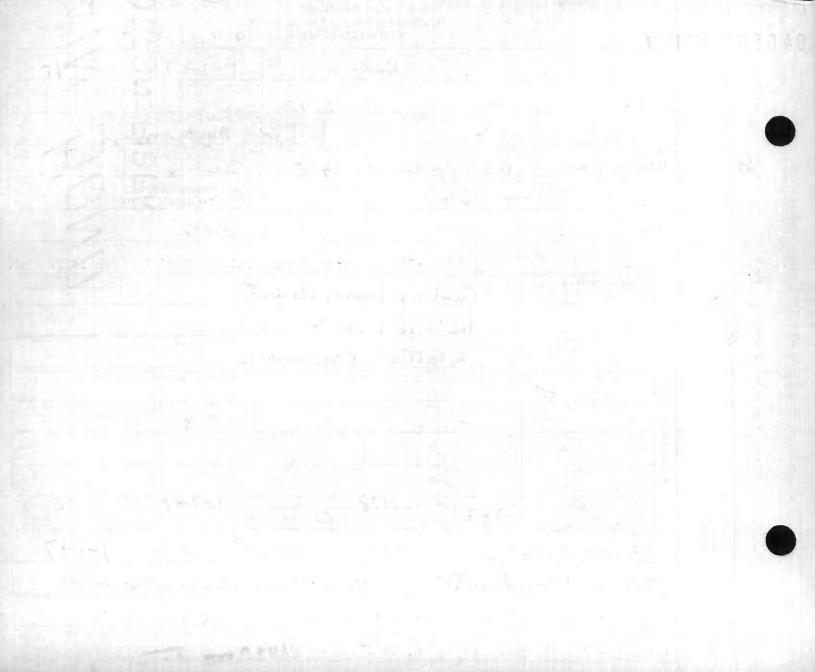
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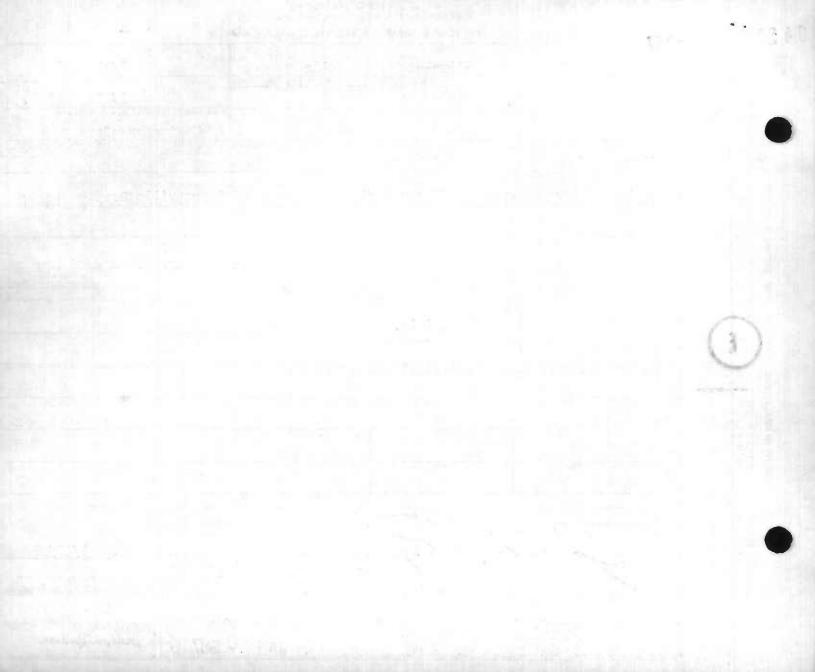


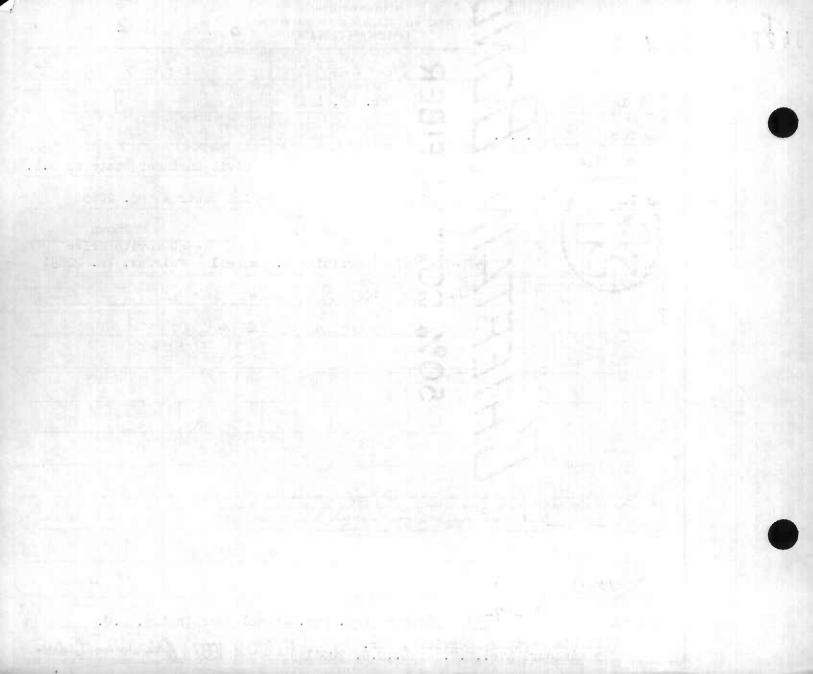
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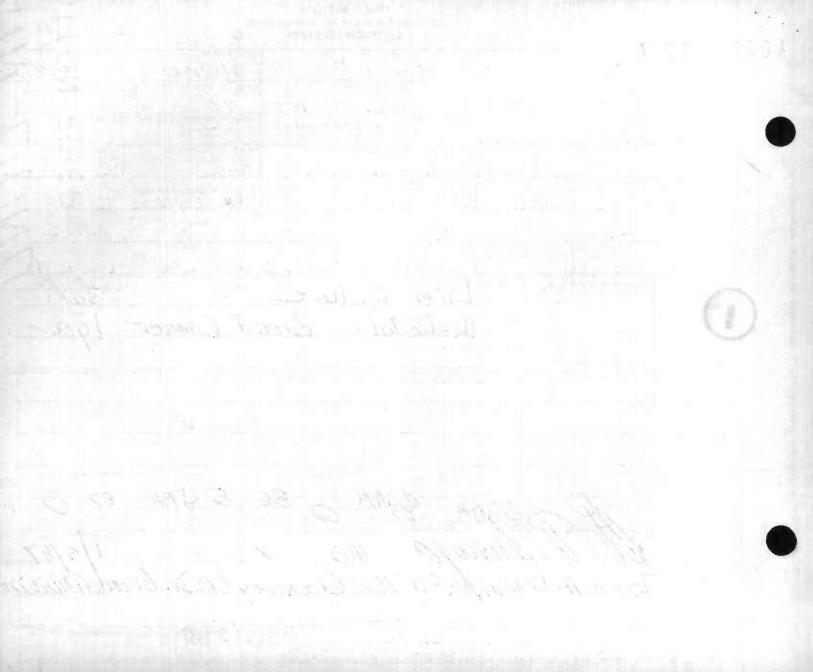
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN X OF ESTI-DEATH MATED Elizabeth 1987 Holtz AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Oct. 12, 1942 Female 44 19 87 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Montgomery County Germanu Gormanu ID CITY OR TOWN OF DEATH Silver Spring 401 Granville Road Socretary Chiefs Police 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Silver Spring Montgomery 401 Granville Road YES [NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Holtz Bernhard Schowolios Flla F. Holtz Mother 264-66-2066 Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ruptured esophageal varices IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which hepatitis. gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes X TITLE (SPECIFY) ACTUAL DATE 1/23/87 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 23d. LOCATION Jan. 24, 1987 Metropolitan Crematory Alexandria 07/84 25M Francis J. Collins. Jr. **DHMH - 17** Julia Deviden to 500 University Boulevard. W. Silver Spring. Md. (VR A15 ME (5))



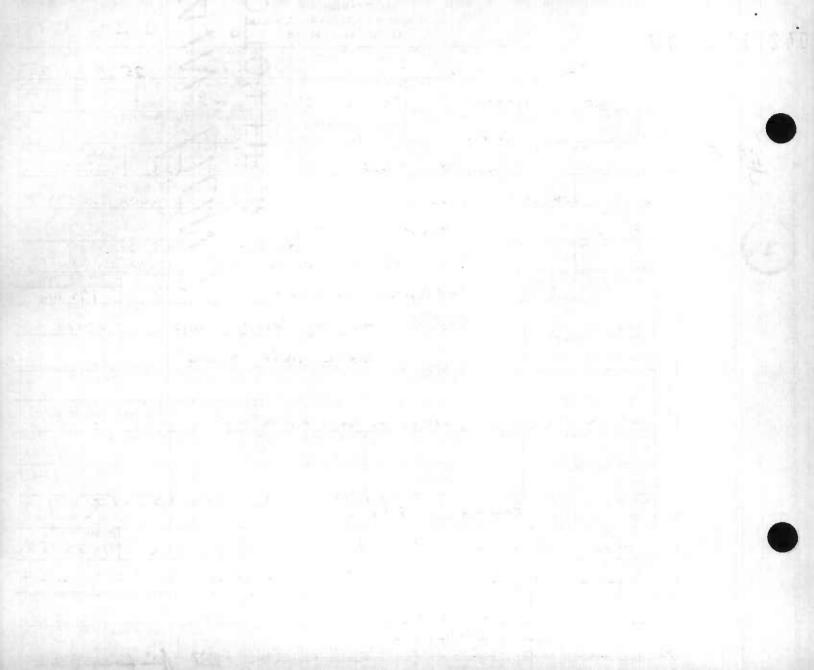


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH MONTH L'DECEASED NAME 2h HOUR TYPE OR PRINT Margaret F. Howell 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) Gemale MONTH YEAR Caucasian 1913 10. BIRTHPLACE (STATE OF FOREIGN b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery Virginia DIVORCED [IO CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION INDUSTRY Takoma Park Mail Order Bus Washington Adventist Hospital 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 204 White Stone Rd. Bilver Spring Maruland Montgomery 20901 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Hall Holladay ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 577-26-1361 Herbert S. Howell husband same as #13 18 CAUSE OF DEATH (Enter only one couse per life far to), (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to PUSY CAMICE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FAILM BIC) NOT WHILE (my (our) apinian death accurred an the date and hour and from the causes stated DEGREE 27 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory A Jan. 6. 1987 Cromation Francis J. Collins, Jr. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blvd. West. Silver Spring.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O TREGISTRAR T DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS Frederick Howlin JANJARY A. 5. DATE OF BIRTH IF UNDER 24 HRS 1917 Caucasian Feb. 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Montgomery DIVORCED T 126. KIND OF BUSINESS OF INDUSTRY Takoma Park Washington Adventist Restauranteur Restaurant 130 STREET ADDRESS / ZIP CODE 15101 Interlachen Drive Silver Spring Maruland Montgomeru 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bailey Charles Howlin Emma 17 INFORMANT daughter 166 SOCIAL SECURITY NO ADD \$2712 Lake Terrace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) Rockville. Md. 20853 578-03-9683 Linda H. Deffinbaugh ues APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ici.!
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR B. Huber Elise REG NO DUECE ASED NAME 20. DATE OF DEATH MONTH DAY 2h HOUR LITYPE OR PRINTS ELUSE В. 24 87 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HR MONTH 10 1900 86 White 14 Female 70 BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery County Germany U.S.A. WIDOWEDKT DIVORCED F IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sylvan Manor Health Care Center Silver Spring Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136 COUNTY 131. CITY OR TOWN Md. 20904 13g. STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 221 Quaint Acres Dr. Silver Spri Silver Spring Maryland Montgomery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Karl Wilhelmina G. Fischer Μ. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT 20851 Walter Huber 502 Calvin LAne Rockville, Md. 217-03-2573 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF SULLAND acceptant Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC.) STATE NOT WHILE 220.1 certify that (I) this Rospital) attended the deceased from sow the deceased afive on and that in (my) (our) opinion death occurred on the date and hour and from the course stated w the body ofter death 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION Woodlawn Md. 1/29/87 Burial Lorraine Park Cemetery 250. DATE RECD BY REGISTRAR 25 FREGISTRAR SIGNATURE 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 DHMH - 16 60M 7/B4 Leroy M. & Russell C. Witzke Funeral Home (VRA 15, 4)



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DI W. PRESTON	that the death	d by the thing ease remit conditions of, cremit conditions or other manner.			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE					
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DIVISION OF VITAL RECORDS, 20	PHYSICIAN: 1	certificate prol-transi ental Hygi	9	CAL	710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M.	A. MONTH DA	YEAR	200		RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
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	by the he	RAL DIRECTOR detached store Dept.				Barry	Reces .	MA	F		MEDICAL STAFF DIRECTOR PHYSICIAN	JANUARY 11,1987
	O HOSPITAL etained by th	should be deti with the Store	Д			RRY HECH			220 ADDRES	1 FERM	ORA DRIVE WHEAT	on, Manyland 2090
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		- 16 60M 7/ /RA 15, 4)	/B4	Do Do	neral director nata V. Borgwai	dt 4400 Belts	Powders Mo	ill R	d. 5	JAN :	REC'D. BY REGISTRAR 236 REGIST	RAR'S SIGNATURE
											U	



Gate of Heaven Cemetery

Silver Spring, Mont. Md

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Jan. 20. 1987

Francis J. Collins, Jr.

500 University Blvd. West Silver Spring.

Burial

S. C. Branches Terrer 1 Hereny January 15, 1957 11:30 P. School Sching 1997 S. Paperont, Pines. Vanufond Von Samenar Silver String 1986; Sugaran Plant 20901 Berein Jan J. (1987) (Soite of Benedic Consider Silver Symin, Burt. Bid. Son 2. 76.5 Sto Leaviste Bud. 1982 Silver Spring, Id.

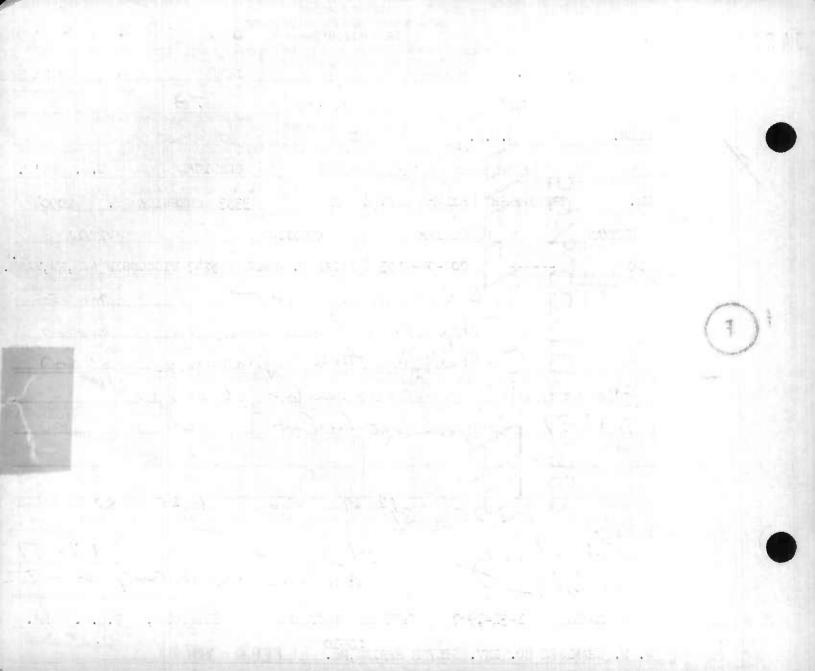
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ORE,	execu		VAS DECEASED EVER I		MED FORCES?	16b SOCIALS		17 INFORM					., 20852
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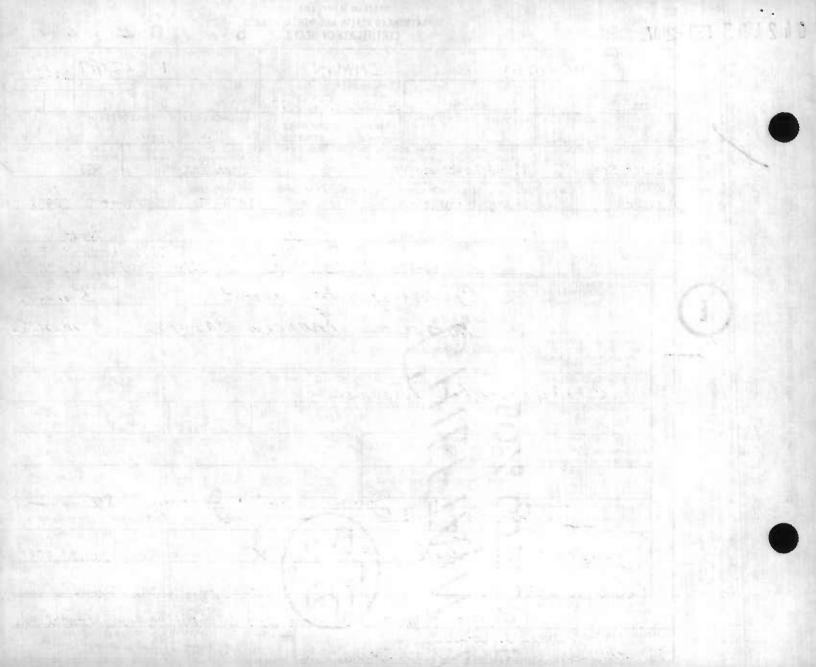
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5 HI / Y	13	e thesda	Sub	urban	Hosp	oital	Exec. Sect		US Gov	tFCC
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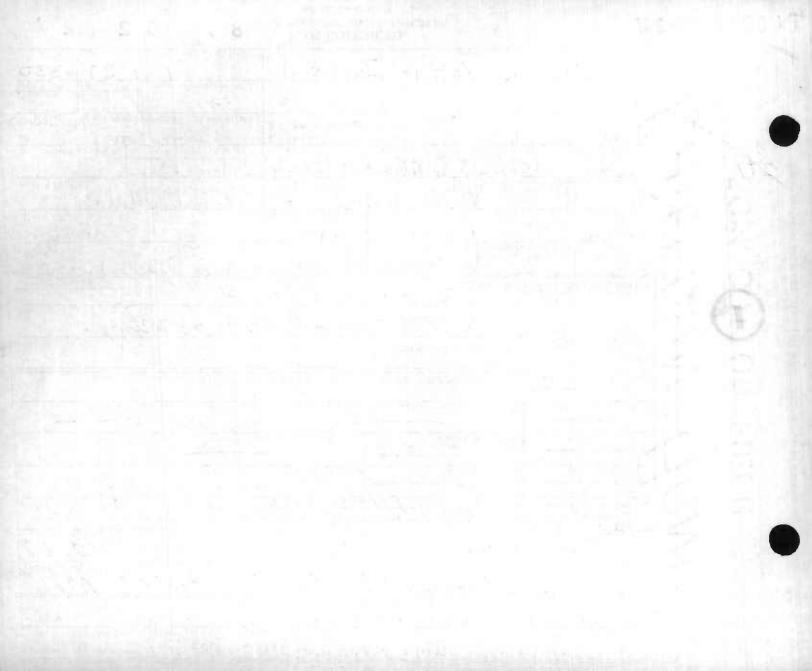
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) M. 2:32AM JANUARY 25. 1987 DIANA INGRAM 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH DAYS HOURS WHITE JUNE 21. 1908 FEMALE To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MASS. U.S.A. WIDOWED MONTGOMERY COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLERICAL U.S. GOV'T. OLNEY MONTGOMERY GENERAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? SILVER SPRING Md. MONTGOMERY CHESWICK CT. 20904 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE HERMAN HEDERNIEMI GUNILLA VITALA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT EYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) NO 022-09-7253 BRIAN P. JENNY WISCONSIN AVE . NW . WASH APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per Line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY: minute AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a NO IFICATI 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOT ACCIDENT WAS UNDERLYING 216 TIME OF NJURY HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22e ADDRESS MPORT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY CREMATION RIVERDALE. Md. BP. P.G.C. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 20910 Hilary - Kas (VRA 15, 4) CHAMBERS CO. INC. SILVER SPRING Md.



			STATE OF MARYLAND		
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Santa Santa Cont	I. DECEASED NAME FIRST	MIDDLE	IASI	REG. NO.	DAY YEAR 26 HOUR A
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a do	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 rrs offi	Female	Caucasian	January 10, 1917	70 YRS	MONTHS DAYS HOURS MIN.
# 52 NUM	To. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 1/1	Washington, D.C.	USA	WIDOWED DIVORCED	Montgomery	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 T TO	Silver Spring	11000 Lombardy		Secretary	GST
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Signer par bury.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	VEN IN PART 110
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d by	224 PHYSICIAN'S NAME ITYP	E OR PRINTI	22e ADDRESS		
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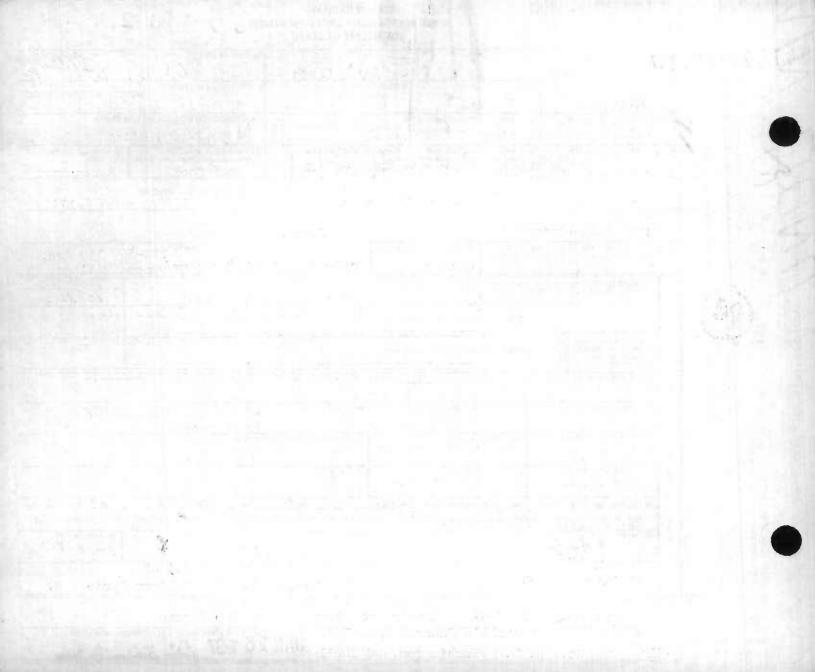
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ox m	N 20 0	■ ♀ /			ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	Yonker	cs, N.Y.	10710
¥ O	Pog	med	No		, GIVE WAR ON DATES)	055-20-4	529	Dr.Stuart R.	Nemser; Brot	her; l	Kendon	Place;
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	NO I	s mo		22a I certify that (I) (this ha	ospital) attended th	e deceased from		19.87		, 19	9 0 7 , the	at (I) (we) last
	Sp.rto CTO I for	21		sow the deceased alive above, (1) (we) (did id) (did	not) view the body	rafter death.) or	nd that in (my) (our) opinion	death occurred on the de	ite and hour o	ond Irom the co	uses stated
	DR ho	her		226. SIGNATURE			7	DEGREE			220 DATE SE	
	AL O	UT: H		2/	SE DI		m.	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	1/2	167
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦫 - STATE REGISTRAR DECLASED NAME MIDDLE 20. DATE OF DEATH MONTH 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 34 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Haitti Haitti WIDOWED DIVORCED CITY OR TOWN OF DEATH INAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) Chef Cook Restaurant 13a STATE 13e STREET ADDRESS / ZIP CODE Oueens Village YES 218-50 110 Avenue 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Edgar Jean-Louis Jearne Mandser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 218-50 110 Ave. IN YES, GIVE WAR OR DATEST Mario Jean Louis/brother/Oueens Village, NY Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY: Immune Deficience Syndrome.

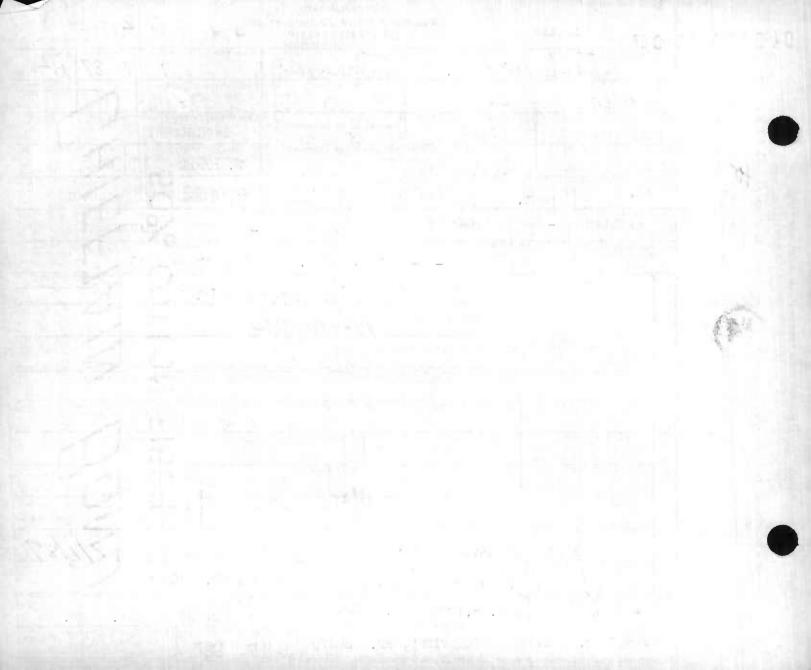
UENCE OF Mycobacteriosis, Brainstein Hemo 15 dass Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 710. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 716. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 71a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased alive an Jan and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 77% SIGNATURE 22c DATE SIGNED DEGREE 1-10-87 PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIANCE NAME (THE OR PRINT) Holy Cross Hospital Phillip Poth MD 1500 Forest Glen Rd; Sil ver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236. DATE Washington DC Lee's Crematory Cremation Marshall's Funeral Home, Inc. 25g. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 60M 7784 (VRA 15, 4) Washington, DC 20011 9th St., N. W.



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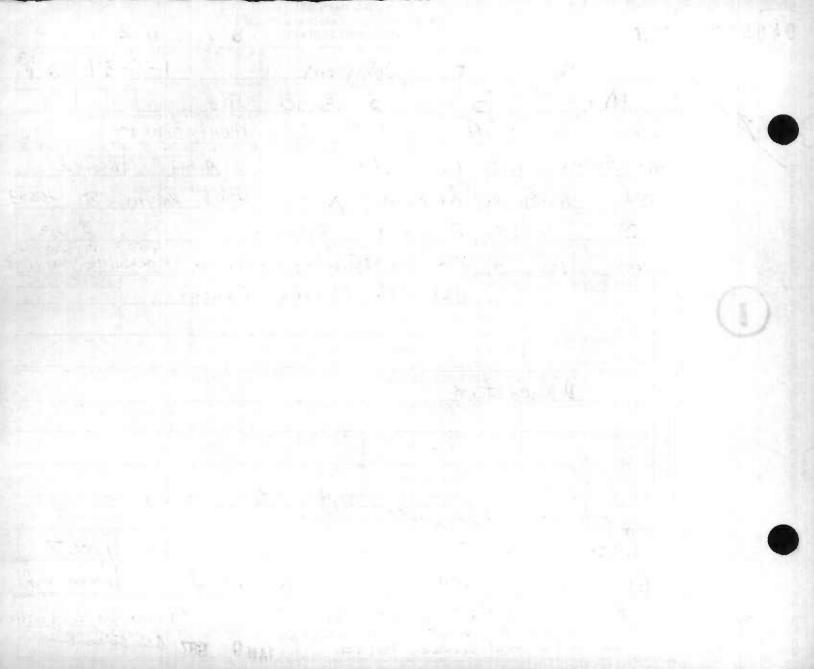
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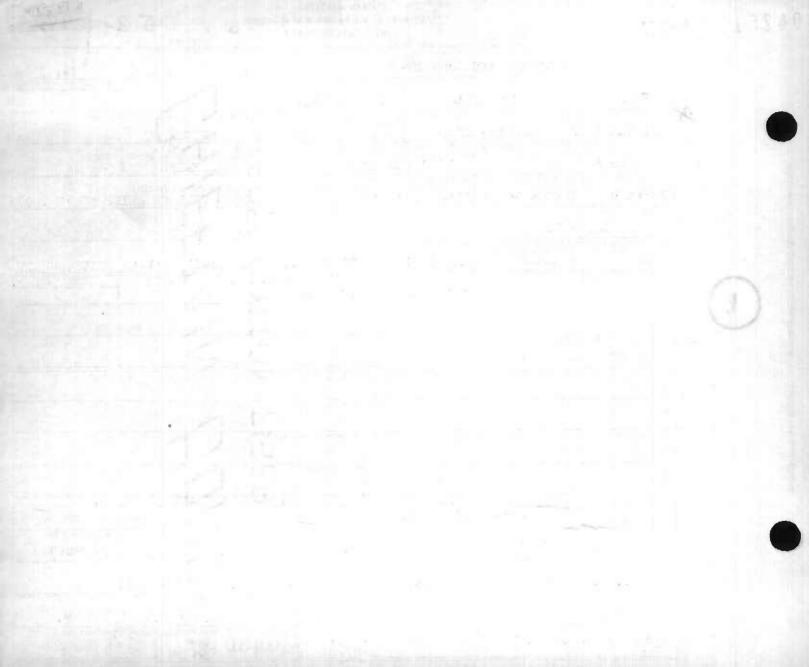
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ALT		Œ.		18 CAUSE OF DEATH (Enter	only one ca	use per line for (o), (b), ar	id ici.i		BORO, MD 20			ATE INTERVAL
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8	. 111	EZ	AT	190 DATE OF OPERATION	196.	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
38	9 1 2 4 1	1	H						YES T NOTX	IN CERTIFYIN		DF DEATH?
TA	F1 611	200	CERT	210 ACCIDENT WAS UNDERLYING	71b.	TIME OF INJURY		21c. HOW INJURY OCCUR		-		NO L
*	報告 計算	19	AL C	OR CONTRIBUTING CAUSE OF	DEATH	UR A.M. MONTH D						
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1580	五章 丰丰	o po	ME	WHAT NOT WHILE		OME STREET, FACTORY, OFFICE.	FARM ETC	STREET	CITY OR TO	WN	COUNTY	STATE
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	五五 医二五	3		sow the deceased alive	on JAN	TIARY 14 10	87	d that in (my) (our) opinion		170	od from the co	nat (I) (we) lost
-	TA CONTRACTOR	E		obove (1) (An) (did) (did	not) view th	e body ofter death.		DEGREE		one one moor of	27c. DATE S	
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	W.E. Cont.			URIAL, CREMATION, REMOV		ATE 23c	NAME OF C	Mational	23d LOCATION	£	OUNTY	STATE
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	DHMH - 16 60M	7/84	24 FL	Richard A. Col	eman 1	unupper Mar	1boro	. Md. 250. DAT	E REC'D. BY REGISTRAR		The second second	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR Verda Hisev Johnston 198 3 SEX 4 RACE IF UNDER I YEAR Female Caucasian July. 1901 85 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio DIVORCED WIDOWED MONTGOMERY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Friends Nursing Home Sandy Spring Secretary SECRETARIAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20850 13g. STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 118 Monroe St. Apt 202 Rockville Maryland Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST ANIDDLE Aurilla John Q. Hisey Mottinger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT MCK. JOHNSTON (HUSBAND) SAME AS No NONE 578-44-5479 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c PART I. DEATH WAS CAUSED BY 30 min IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Tules 220.1 certify that (1) (this hospital) attended the deceased fram. NOW 2710 76 sow the deceased alive an_ (our) opinion death occurred an the date and hour and from the causes stated

abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING

21d INJURY OCCURRED

N. FREDERICK AVE.

DIRECTOR PHYSICIAN

MEDICAL

CITY OR TOWN

230 BURIAL CREMATION REMOVAL 236 DATE

CREMATION

HAMBERS CREMATORY

RIVERDALE, Y.G.CO.

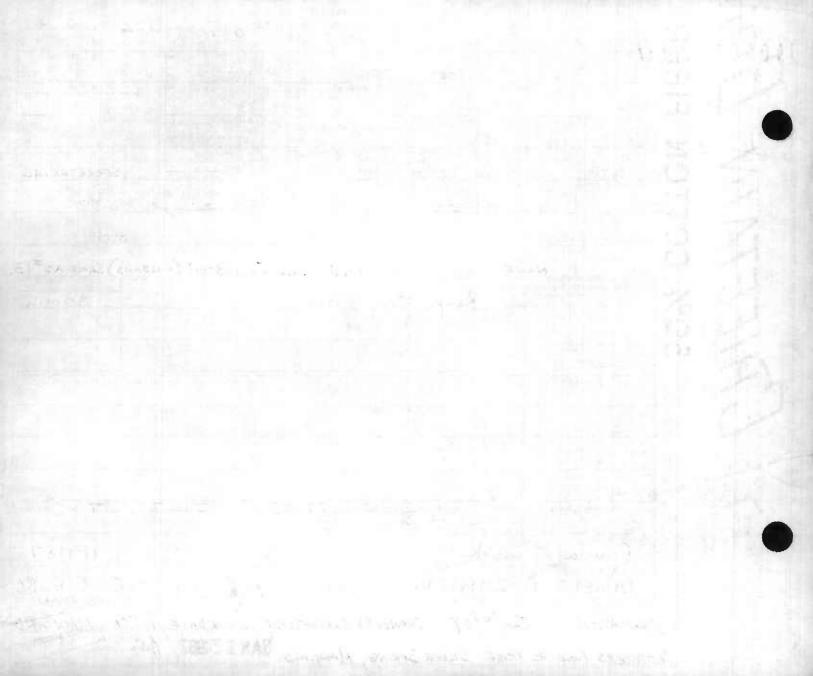
24 FUNERAL DIRECTOR

FUNERAL HOME SILVER.

21e. PLACE OF INJURY

COUNTY

STATE



500 University Blvd. West. Silver Spring. Md.

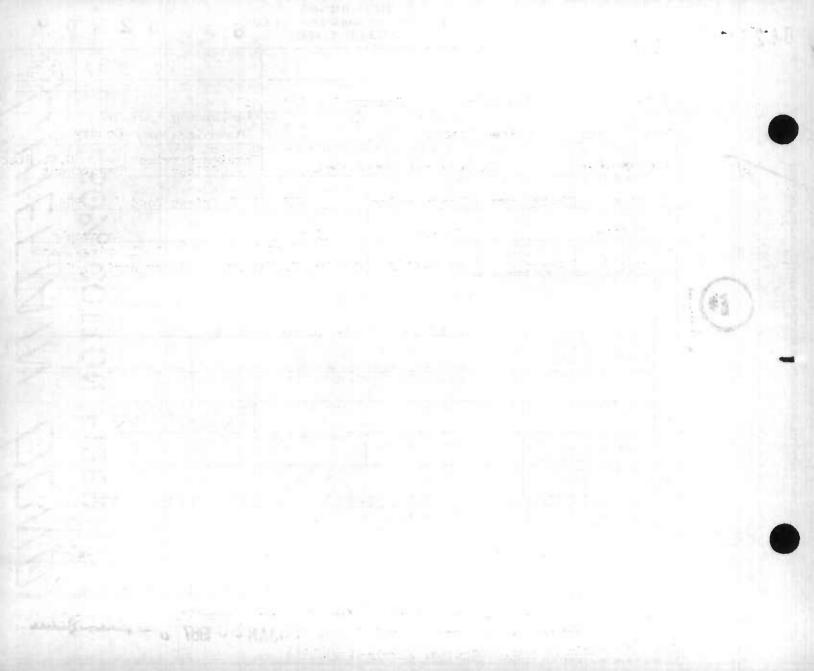
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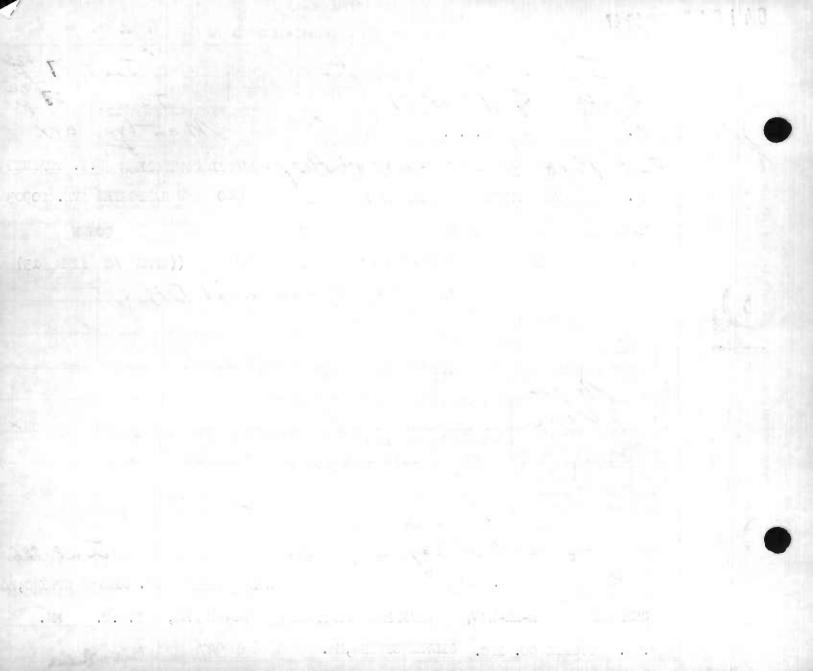
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 20 DATE KNOWN TIL LIVE OF PRINT! OF ESTI-METTIS 5. DATE OF BIRTH 6 AGE (IN YEARS DATE PRONOUNCED un 3 DEAD 6 9 BALTIMORE CITY OR COUNTY OF BEATH n. BIETHPLACE MARRIED PONEVER MARRIED New York U. S. A. WIDOWED DIVORCED HE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORLD 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Agent Insurance 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Abraham Kaminsky Lena Haimowitz 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT IAN SOCIAL SECURITY NO ADDRESS WW 066-07-7155 Mildred Kaminsky (Same as # 13) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IN DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXPERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION EXECUTE HE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYIAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Suicide ___ Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers, 1919 Seminary Road, Silver Spring, Md 236 BURIAL, CRÉMATION, REMOVAL 236 DATE 1/19/1987 231. NAME OF CEMETERY OF CREMATORY
MOUNT LEBANON Hyattsville. Mat. 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256_REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



		FOR			DEPA		E OF MARYLAND IEALTH AND MENTAL HY	GIENE	,	0 6		3 8
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pog er de	3 SE)			RACE		5. DATE	OF BIRTH	6 AGE INY	EARS LAST BIRTH	DAY) II	UNDER I YEAR	IF UNDER 24 HRS
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	10 CI	TY OR TOWN OF DEATH	11.		HOSPITAL, NUR		OR OTHER INSTITUTION	12e. USUAL	OCCUPATION	N HOLV INC. 1EES	126. KIND C	F BUSINESS OR
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1 1 1 2/	USUA 13a S	L RESIDENCE (IF NURSING HOTATE	OME OR OTH	ER INSTITUTION	I 3c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS / Z	ZIP CODE		
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MORE, ond co Poges		/AS DECEASED EVER IN U		D FORCES?	166 SOCIAL SI	CURITY NO.	17. INFORMANT (W1:	fe)	ADDRESS	s 1821	Brigg	s Road
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TTEN proof for us of He		sow the deceased all above, (1) (we) (did) (ve on	iew the had	- 35 19	87.0	nd that in (my) (or) opinio	n death occurre	d on the dote	e and hour		
OR ATT		226. SIGNATURE	1/	0	S CONC.		DEGREE				22c. DATE	SIGNED
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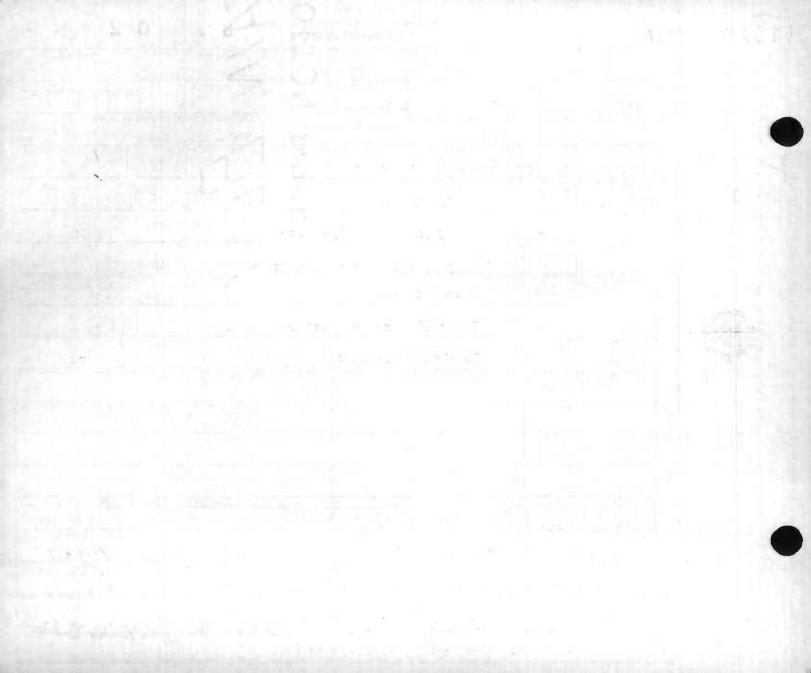


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3	NO NAC	14, F	ATHER'S NAME	MIDI	DIE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE	LAST	
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BALTIMORE	E E WO /	{Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OF	R DATES)	055-24-0	2414	TENANTOE I	FATTA 61			//n - \
× ×	GIVE GIVE BINISIG		YES	WWII			27/	FRANCES	KAVAS	(SAME	AS ITEM	#13)
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DIVISION OF VITAL RECORDS,	AAAAA	z	TAKE Z OTNER SIGNIFICAN	TONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (a),			
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	TO MEDICAL EXAMINER: TO MEDICAL EXCURT THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARE DEATH, WITH THE ST BALTMORE, MARYLAND, 2		(TYPE OR PRINT)						919 SEMIN		SILVER SPE	RING, M
		23a.B	URIAL, CREMATION, F			23t NAME OF CE			23d. LOCATION	1	COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH DAY 2h HOUR (TYPE OR PRINT) **EDWARD** GEORGE KEIL JANUARY 10, 1987 3:55P M 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH MALE JUNE 14, 1934 WHITE To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED IISA MONTGOMERY COUNTY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA THE CLINICAL CENTER JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1138 COUNTY 13e.STREET ADDRESS / ZIP CODE PENNSYLVANIA PHILADELPHIA 9323 GLENLOCH ST. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST JOHN ADAM KETI. BURGERT MARGARET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST MIRIAM KEIL (WIFE) SAME AS PATIENT 172-26-1996 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY

Fig. 2 Spp. Fungal Sepsis weeks IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Intrapulmonary hemorrhage, severe days Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Lymphoma, metastatic months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO I 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 27a I certify that the (this haspital) attended the deceased from MAY 8 TANIJARY saw the deceased alive on JANUARY 10 19_87_, and that in 💥 (our) apinian death occurred on the date and have and from the causes stated w, the (we) (did) (shownet) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN NATIONAL INSTITUTES OF HEALTH, 9000 should b ROCKVILLE PIKE, BETHESDA, MD 20892 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECHY) COUNTY John F. Fluer & Sons 1 - 14 - 87Removal Marshall's Funeral Home, Inc. 25a. 146 DHMH - 16 60M 7/B4 9th St., N. W., Washington, D. C. 20011 (VRA 15, 4)



	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 1
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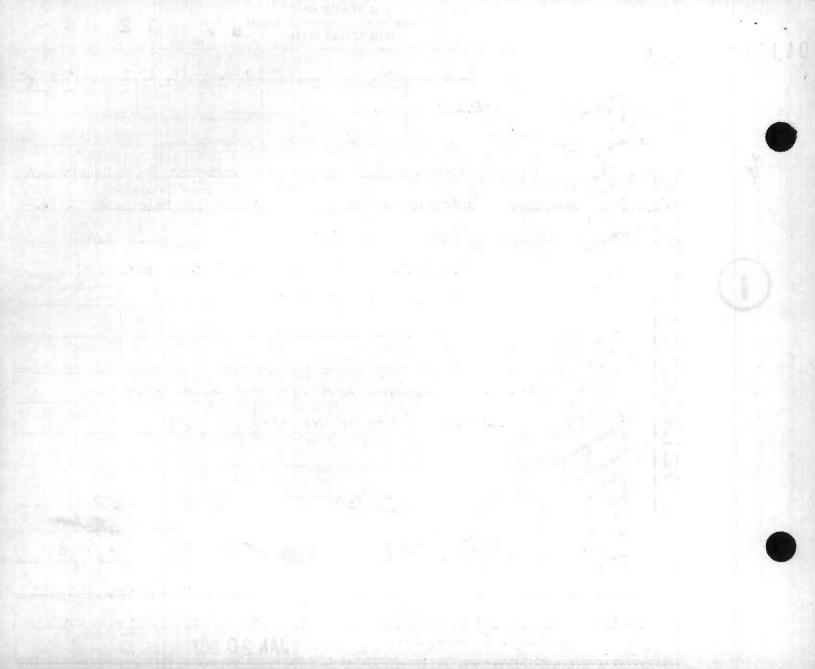
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Topic Committee Committee

	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 3 / REG. N	02442
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000000		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	MYNAY COUNTY WID STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death or discullation eccuted within 24 hours, rettending physician. When this certificate has been signed by the attending introducing completely filled in boos the buriol-transit permit. Then please remove can except the construction of 2 should be fill the and Mental Hygene prior to buriol, cremation, or recommendation and shows only injury, or other traumatic event, the medical examines must be an order or them.	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	1		1-
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5 a 5 d ₹ ₹ ₹		BURIAL, CREMATION, REMOVA		230 NAME OF CEMETERY OR CREA			NEV ESAYF
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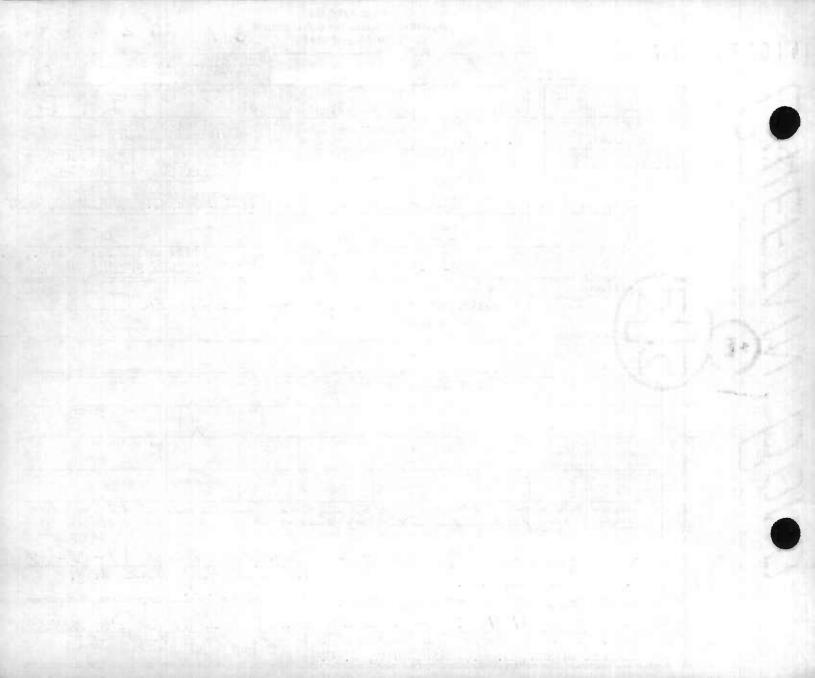


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) KIMBALL JANUARY 18, 1987 2:15 MILDRED H. 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS CAUCASIAN D'EMMATIE 17. 1893 Jan. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGONERY COUNTY. Washington, DC U.S.A. WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA 5908 Namakagan Rd. Homemaker Own Home MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e.STREET ADDRESS / ZIP CODE 5908 Namakagan Rd./20816 136 COUNTY MD Montgomery Bethesda IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Alice Philip Espey F. Happ ADDRES 17409 Kirstin Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 579-60-9069 Henry F. Kimball, Jr., Olney, MD 20832 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST SUDDEN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION Deep Vein Thrombophlebitis 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING. 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 211 LOCATION 71e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 270.1 certify that (I) (this hospital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated saw the deceased alive an. abave (1) (we) (did) (did not) view the body after death DECREE 22c DATE SIGNED MEDICAL mi PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OR BETTE 22e ADDRESS William E. Hurwitz, M.D. 5120 MacArthur Blvd. NW Wash., DC 20016 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE STATE Cremation 1/22/87 Mt. Comfort Crematory Alexandria, VA 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 5130 Wisconsin Ave. NW. Washington, D.C. 20016 (VRA 15, 4)

MINGED H. MINERAL CHEMNEY 18, 1987 2:15 5. FINALE CARCASIGN Jun. 17, 1893 94 the minutes of the state of the Y A X Y TO A X .. North State Section 10. House and Committee 10 Youtroserr actioner 36./20316 - Soils quit .1 quiti---- 579-60-3069 Henry F. Minsell, Jr., Clney, ND 20838

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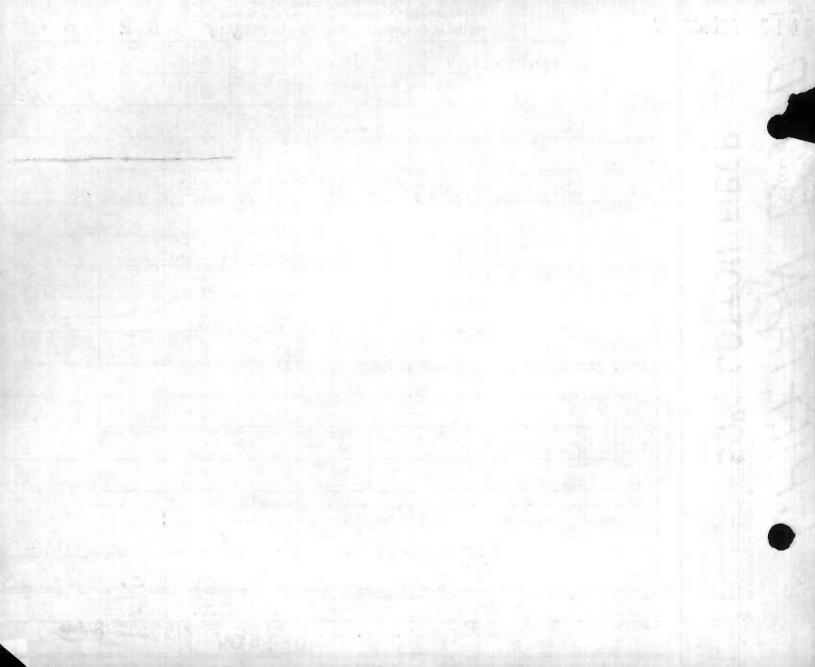
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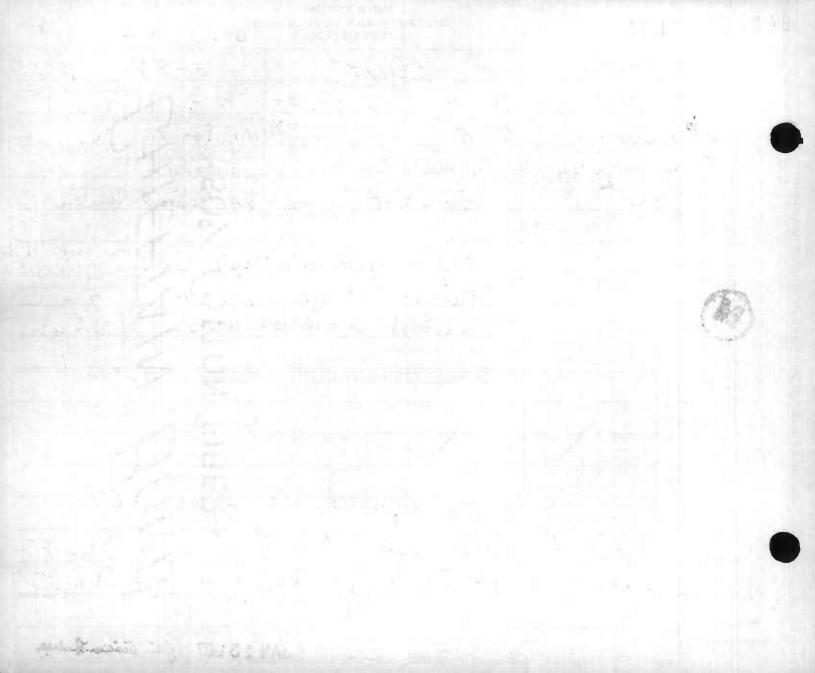


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STATE OF MARYLAND 1 DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED arqueline 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 64 DEAD White 2 Z YRS Female 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED K Marvland USA DIVORCED 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MONTGOWIERLY BROOKNI ULB FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Daniel Klug Sandra Moznev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO N/A 70 3558 Daniel E. Klug (Father) Same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: C. AKDIONUL MON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MULTIPUE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [HOUR A.M. MONTH DAY POR CONTRIBUTING TO CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram Majural causes FUNERAL DIRE EXAMINER'S NAME 23c. NAME OF CEMETERY OR CREMATORY Burial S.S. Md. Gate of Heaven 1/16/87 Mont 07/84 HILLES/RThaldi 11800 New Hamp. Ave. S.S. Mg Date REC'D. BY REGISTRA 126 REC'S RAYS TANKS 25M **DHMH - 17** (VR A15 ME (5))



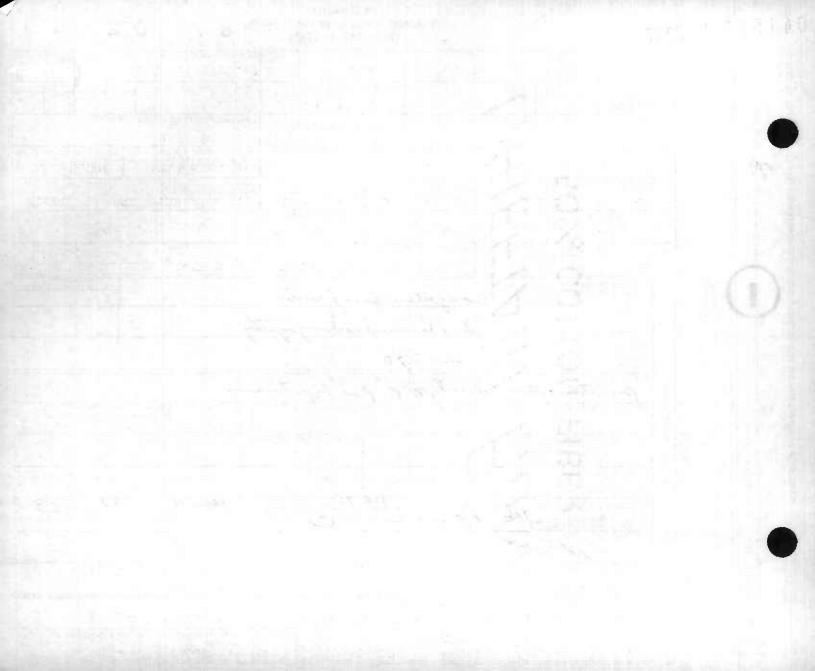


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH JAN COEOR COE KOPLOW 1987 A 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX YEAR MAI Caucasian 16 10. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA South DAKOTA WIDOWED DIVORCED montagmer CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dilvor Dogina Cross Investor Real Estate USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES 🔽 NO [8910 Liberty Lane Maryland Montgomery Potomac 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Meyer Koplow Fanny Schiller ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 437 07 5104 David G. Koplow same address as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). CZULLITIS PART I. DEATH WAS CAUSED BY: 155EMINATED IMMEDIATE CAUSE (a) DUE TO, CALAS A CONSEQUENCE OF 4 CUBITUS Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO SR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTHEY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION HANDE BELLATIO COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 WHILE NOT WHILE l certify that I his haspital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CHEMATORY 23b. DATE Burry Jan.7,1987 King David Memorial Pa Falls 14 FUNERAL DIRECTOR IVES-Pearson Funeral Homes DHMH - 16 60M 7/84 Falls Church, Va. 22046 Bulla Bladier got

(VRA 15, 4)

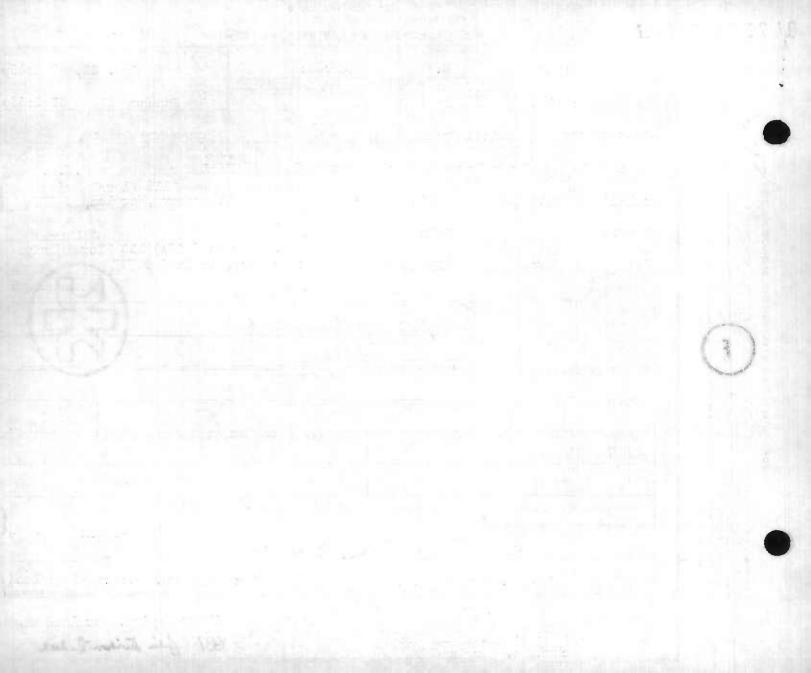
STATE OF MARYLAND

Instances Character December 11 trees S. PHANDERS PARSY TEST OF WALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT UKAIN 15 MINTAUTS 5 DATE OF BIRTH 1. SEX April 16, 1921 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED U.S.A. Montgomery County Riga, Latvia DIVORCED [170. USUAL OCCUPATION 170 KIND OF BUSINESS OR LIVE WORK FOR MOST OF WORKING LIFE TO BETTY 1 19 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ROCKUILLE Senior Engineer Research Corp. 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 12610 John Milton Court Fairfax Herndon /irginia I FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rozenfelds Grinbergs Amelia Janis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 526-42-1468-A Agnese F. Kukainis/2610 John Milton Ct/Herndon APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO TIO. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22a I certify that (V (this haspital) attended the deceased Iram and that in (my) (aur) pinian death occurred an the date and have and Iram the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE 1/20/87 Alexandria Removal Cremation Metropolitan Crematory Asia Diadon Pa J. Berkley Green/Green Funeral Home/Herndon VA JAN21 (VPA 15.4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 42399 JAN JORGOISTRAR MEDICAL EXAMINER'S CERTIFICATE REG. NO DECEASED NAME O DATE KNOWN MONTH (TYPE OR PRINT) LaFrance Roger R. DEATH MATED Jan. 22,1987 5. DATE OF BIRTH IF UNDER 24 HRS DATE Mo August PRONOUNCED DEAD January 22, 57 1987 2:45 p Male Caucasian 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY) Massachusetts United States DIVORCED Montgomery County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Buinding LIFE) Shady Grove Adventist Hospital N.I.H. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 113 Floral Drive 136 COUNTY 130 STATE No X Gaithersburg, Maryland 20877 Gaithersburg YES Montgomery Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST LaFrance Augustus Annee Jalbert. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Affile M. LaFrance (Wife) 113 Floral Drive Yes 027-22-5405 Gaithersburg, Maryland 20877 Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Cardio Respiratory Arrest IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Coronary Arteriosclerosis gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. Diabetes Mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TE PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK COUNTY TO MEDICAL EXAMINER
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNEAL DIRECTOR
AFTER DEATH, WITHEST
BALTIMORE, MARYLAND 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from: Homicide Undetermined manner January 23,1987 SIGNATURE SIGNED. EXAMINER'S NAME John F. Tauber, M.D. 8218 Wisconsin Ave. Bethesda, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE January Gate of Heaven Cemetery 23d LOCATION Entombment Silver Spring. 07/84 25M Robert A. Pumphrey Funeral Homes PA 300 West Montgomery Avenue Rockville, Maryland 20850 DHMH - 17 (VR A15 ME (5))



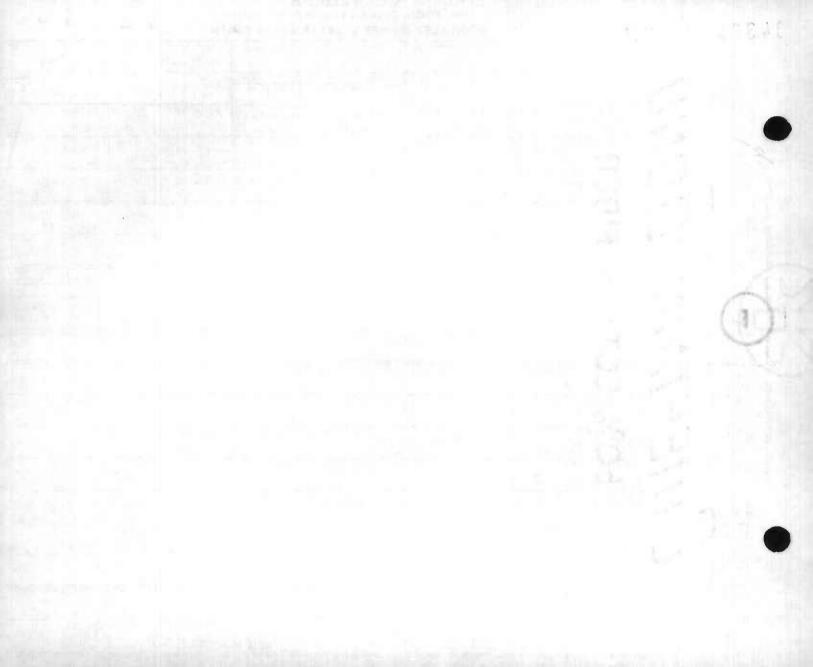
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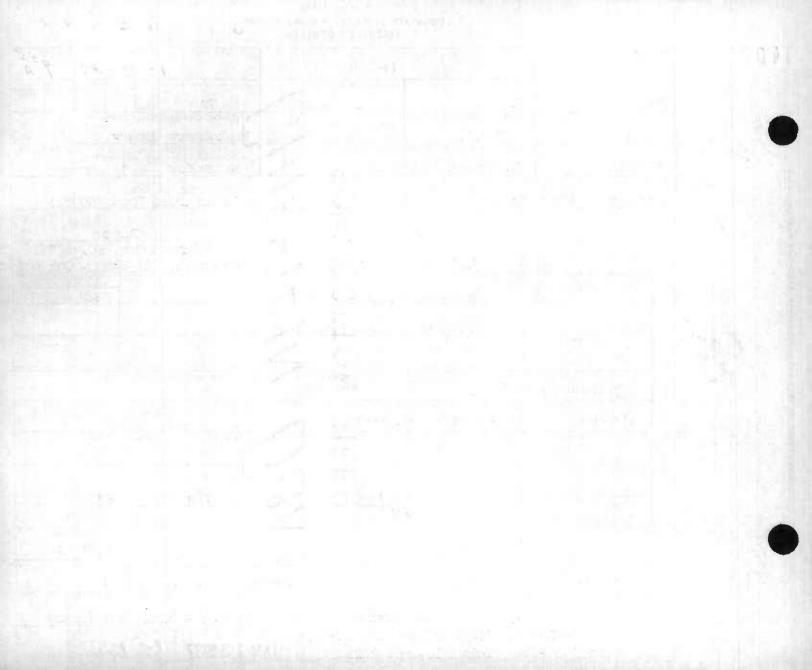
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-IF ANY DELAY IS NECESSARY, PLEASE
AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BEFILED, WITHIN 72 HOURS
RECGROS, 201 W. PRESTON STREET, Hilda Marlene 19 Lawver 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 8:30 PRONOUNCED DEAD July 28,1939 47 Female White 28/ 1987 ам 7b. CITIZEN OF WHAT COUNTRY? To RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) United States DIVORCED New York WIDOWED Montgomery County ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 2701 Lindell St. Silver Spring Housewife Own home USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g STATE 13c CITY OR TOWN YES X 2701 Lindell Street 20902 Maryland Montgomery NO [Silver Spring 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Hilding Kellerman Helen McNeill 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Same as 13 054-34-1366 William Lawver, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Pulmonary Thromboembolism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIA OF HEALTH AND JRIAL, CREMATION DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION Schizophrenia 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? BURIAL, YES V NO [3 SHOULD BE UDEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21ª PLACE OF INJURY JATHOME. 21 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AF ELECTH, WITH THE STATE DE BATTORY AND PARTICALD STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Accident death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/28/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. ADDRESS TYPE OR PRINT) 23d. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 2-2-87 Metropolitan Crematory Alexandria, Virginia Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Richard RappolessInc. **DHMH - 17** Washington, DC 1804 T Street, NW, 20009 (VR A15 ME (5))



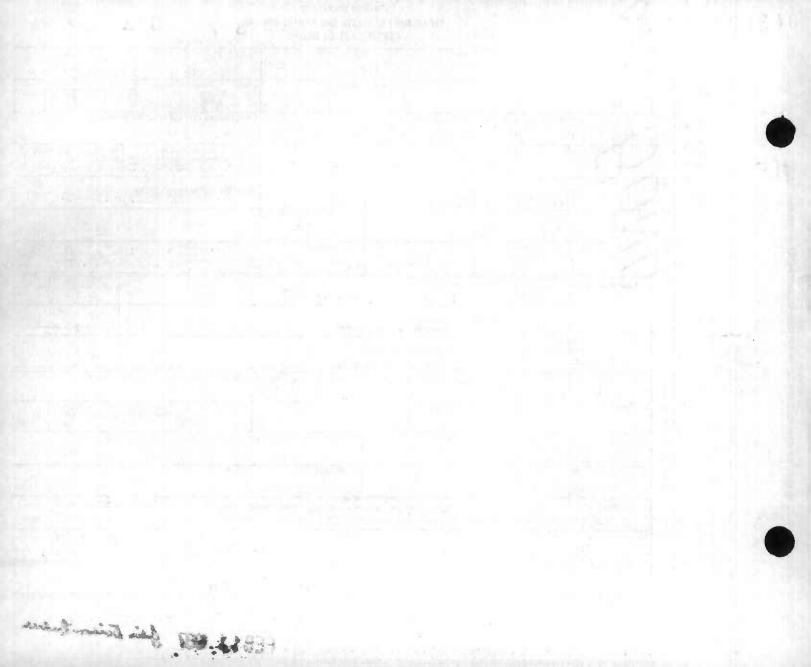
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O HOSPITAL TO FUNERAL Should be deawith the Store		William	D. Au	d, M.D			9006 Colesvi	ille Rd. Si	lver St	ring.	Md.
M V Sho of o		BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH - 16 60M 7/84

CHAMBERS FUNERAL HOME SILVER SPRING, MARYLAND (VRA 15, 4)

Comercry

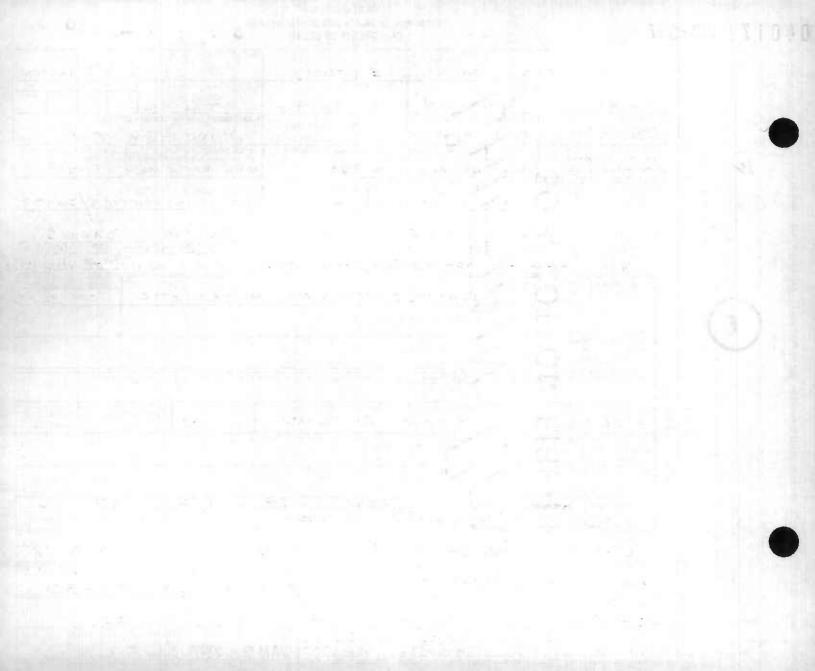
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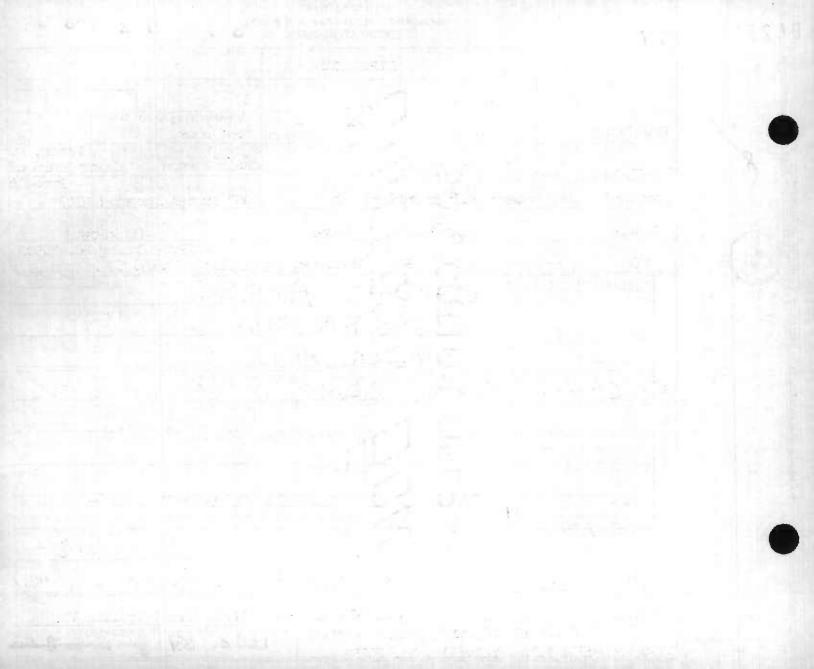
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 7h HOUR (TYPE OR PRINT) 8 ANN LEYTON PATRICIA 12:30 AM 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR FE MALL CAUCASIAN 46 26 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ENGLANI MONTGOMER WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR GAITHERSBURG INDUSTRY ENGLAN 12121 ORCHARD VIEW ROAT I AD MINISTRATIVE MNALTS LISLIAL RESIDENCE LIFTNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MI GAITHERS BURG MONT GOMERY YES TO NOF 12121 ORCHARD VIEW ROAD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST RICHARD SIBNEY FILRY ROSLYNN DAVIS IVY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Gaithersburg, Md. 20878 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) 564-53-7263 Howard Leyton; Husband; 12121 Orchard View Rd. NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARCINOMA GASTIC ME TASTATIC ONE YEAR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CARCINOMA 3/26 GASTRIC NOX YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (the honoited) attended the deceased from JUNE sow the deceased alive on_ and that in (my) (em) opinion death occurred on the date and hour and from the causes stated obove, (I) (wet (did) (didnet) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT should be a 27d. PHYSICIAN'S NAME (TYPE OR PRINT) -224 ADDRESS MEDICAL CENTER ARIVE ALAN N. SCHULMAN ROCKVILL 08 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION STATE 1/6/87 Lee Crematory Cremation Washington, D.C. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM.CHPLS. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 1170 Rockville Pike; Rockville, Md. 2085 (VRA 15, 4)



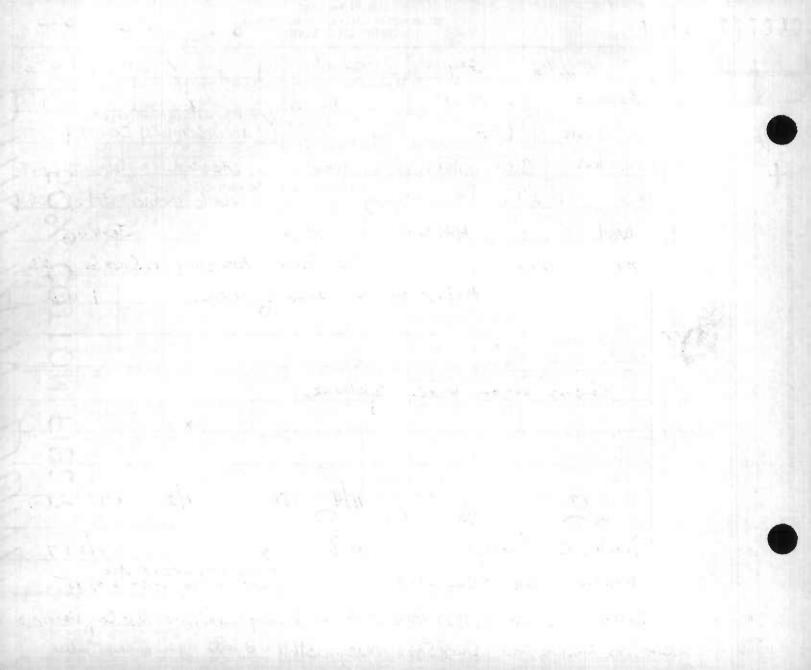
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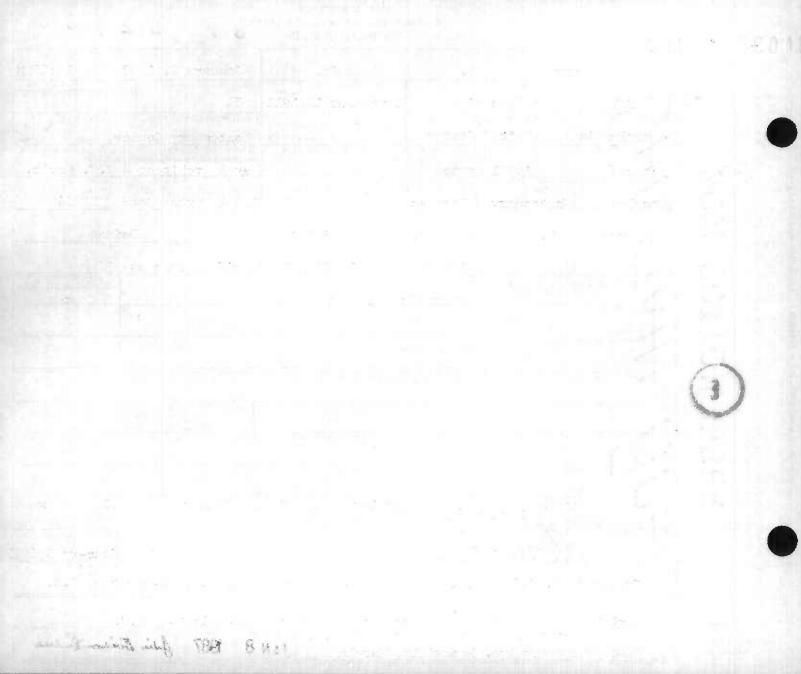
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And Appeal on the feet of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 2n DATE OF DEATH MONTH DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) January 2, 1987 10:25PM Harry L. Lowe Jr 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTH September 15, 1912 Caucasian 74 Male TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Pennsylvania WIDOWED DIVORCED [Montgomery County, IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 10201 Norton Road U.S. Gov't. Potomac Marine Engineer 13h COUNTY 131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 10201 Norton Road NO X 20854 Maryland Montgomery Potomac 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIRST Violet. Lowe Sr. Heiman Harry 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST 161-07-3937 same as #13 Pauline Lowe wife No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY 3 Months IMMEDIATE CAUSE (D) Metastatic Melanoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX DIVISION OF VIT. 218. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 71f. LOCATION 71e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) xhow mention of tended the deceased from October to January sow the deceased alive on January 1 and that in (my) (&r) apinian death accurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIANX January 5,1987 MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 20015 Frederick P. Smith. M.D. 5401 Western Ave. N.W., Washington, D.C. 3 = 0 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE Jan. STATE 6, 1987 Rock Creek Cemetery Washington, D.C. Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 JAN 8 Autra Dendoon Raidall 300 West Montgomery Ave. Rockville, Maryland (VRA 15, 4)



042393 JAN 30 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 28. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) LLOYD LUTTRELL JANIJARY 25 1987 5 . 15 AMM 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH DAY HOURS Caucasian MALE SEPTEMBER 1909 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tennessee U.S.A. WIDOWED DIVORCED T MONTGOMERY COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Physician Medicine OLNEY MONTGOMERY GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Spartanburg 1430 Thornwood 29302 Spartanburg YES KK 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Albert Ellen Bashor W . . Luttre 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT 400s Davey Glen Rd., #490 son (YES, NO OR UNKNOWN) Belmont, CA Luttrell Norman W. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY PNEUMONIA 2 weile IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Alshermen's Dreease 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR LOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE Janvan JAMAN 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an January 24 87 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED neit ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Haus 25 1987 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BARRY HECOS 3941 FEDRALA DRIVE WHEATON COD ZOSOL 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIBURIAL 29 Jan 87 BP Green Lawn Memorial Gardens, Spartanburg, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 15 60M 7/84 (VRA 15, 4) Capitol Funeral Service, Falls Church, VA

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7 14.	FATHER'S NAME			15 MOTH	ER'S MAIDEN NAM			
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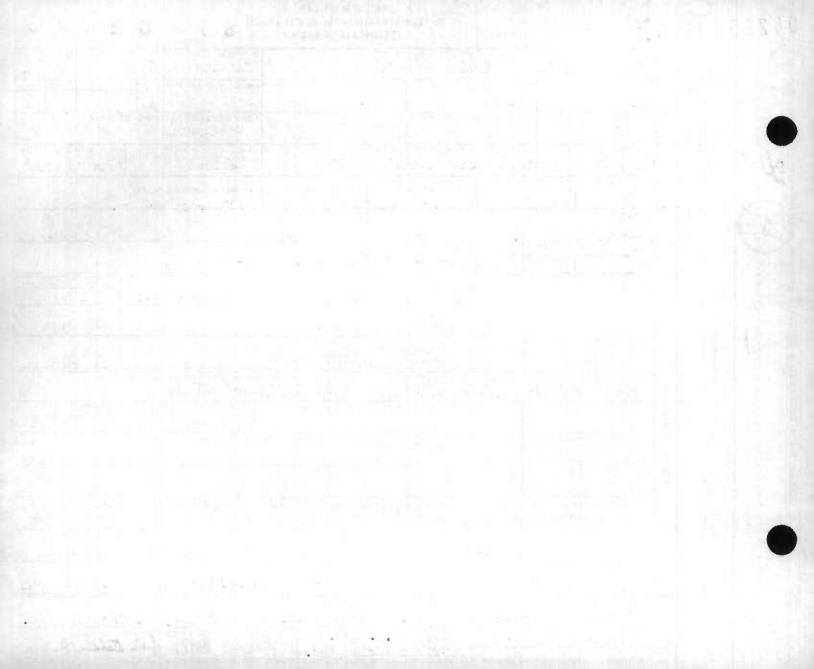
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BP	230	urial, cremation, removal Burial	-31-1987	730 NAME OF C			23d LOCATION CITY OF TOWN Brentwood	Dr	Georges	s Md.
DHMH - 16 60M 7/84 - (VRA 15, 4)	24 F	nes/Rinaldi Fur	eral Home	11800 N.H. Silver Spr	Ave.	25e DATE	REC'D BY REGISTRAR B 2 1987	256 REGISTR	Ar'S SIGNATU	JRE



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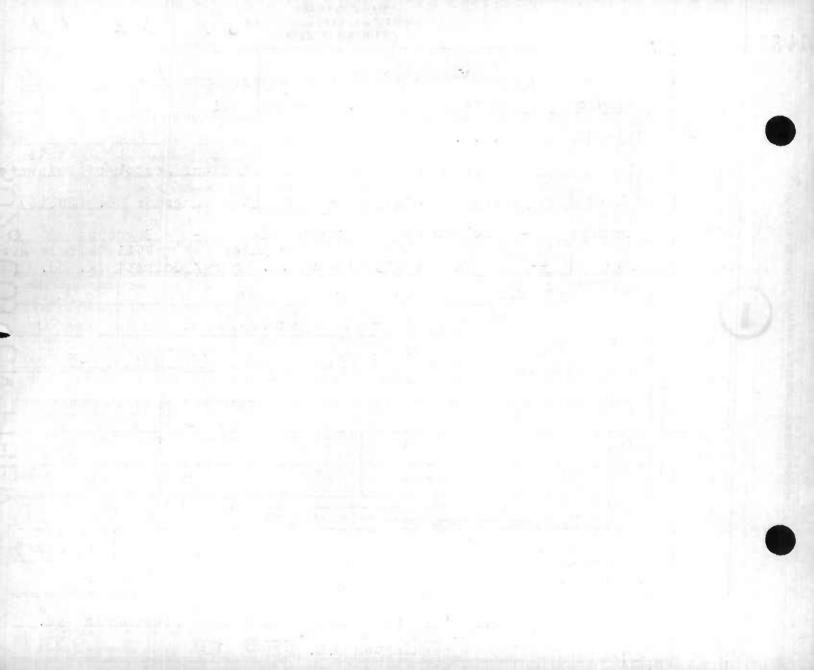
Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a. DATE OF DEATH 26 HOUR DECEASED NAME MONTH TYPE OR PRINTI Victoria MAZETKA IRENE 4. RACE A. AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH YEAR White -1905 Female Jan. O BIRTHPLACE ASTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY) Lithuania WIDOWED DIVORCED [MONTGOMERY COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUILDINGS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY DUE TO I # NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA Medical CARRIAGE HILL BETHESDA Doctor/of SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE Bethesda Montgomery 5104 Sangamor Rd. Maryland 20816) 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Antanas Solohubas Alexandria Bagdonas 17 INFORMANT Daughter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES! Ireme M.C. Maury/ Garrett No 216 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIAC IMMEDIATE CAUSE IO ORAS ACONSEQUENCE OF TIVE HEART FAILURE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF TC STENOSIS | ADRTIC INSUFFICIENCY underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 71a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5401 WESTERN AVE WASHDC 20015 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE '87Metropolitan Crematory Alexandria | Home/2222 Wisc. 1756 Date REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral DHMH - 16 60M 7/84 Washington D.C. (VRA 15, 4)



				FOR Item	Ha Ph	one 2-6	EPARTMENT OF		ARYLAND AND MENTAL H	YGIENE				
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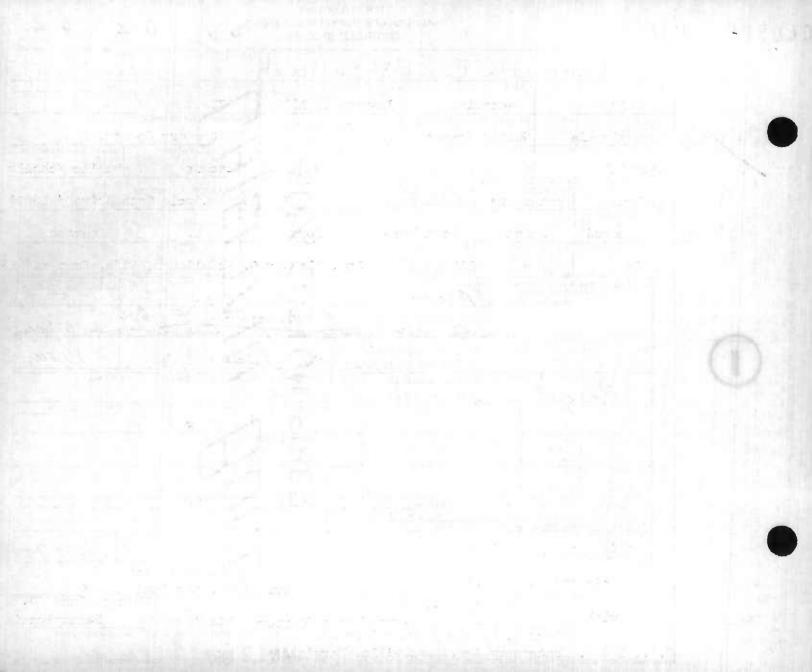
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•	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 / O	2 - 3
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ge 4 mby	3 SE	x Temale	^{4 RACE} Caucasian	5. DATE OF BIRTH MONTH DAY WEAR 13. 1930	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
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within 24 hour ereby Miles	13a. 3	ATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEF. TY 131. CITY OR TO Chevy C. MIDDLE LAST	WN 134 INSIDE CITY LIMITS?	8902 Connecticu	
cuted v		Reindert WAS DECEASED EVER IN U.S. ARA		n Agnes	ADDRESS	Clements
Pode exe	No		214-28	-4062 James F. Mc	Allister Husband	Same as 13
equires that the death of signed by the other please mine control or the barrol, created injury, or other major.	NOI	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPERTY ON THE PROPERTY OF	relival me	tastasis	IVEN IN PART 110
ician rate has been not permit ygiene prior shews any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
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The hospital or A. ENDI the hospital or HAL DIRECTOR, A detached for use one Dept of Heal		22a I certify that (I) (this hospit saw the deceased alive an above, II (will did that hat 22b SIGNATURE	Belle 10	27.0		19 St. that (I) (we) last out and from the couses stated 22c DATE SIGNED 1. 087
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BP		Burial	Jan . 13 . 1987 G	ate of Heaven Come	CITY OR TOWN	a Montaomery Mo
DHMH - 16 60M 7/84 (VRA 15, 4)	50	UNERAL DIRECTOR Franci NO University Bl	s J. Collinsopress vd. W. Silver	In.	JAN 1 9 1987 July	a Deviden Rudes

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Tekin? Trangis I. Colling It. Sh briversite God. M. Silver Spring, Ud.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT) 08-8 4 RACE & AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 MR 3. SEX 5. DATE OF BIRTH January 4, 1914 Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY Montgomery County, Pennsylvania United States TO CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Public Schools Rockville Teacher Grove USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 19304 Circle Gate Drive / 20874 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Montgomery Germantown NO IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Edward Andrew McCullough Nora K. Penrose 166 SOCIAL SECURITY NO 17 INFORMANT 162-16-2899 Mrs. Eleanor G. McCullough, Wife, Same as #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28s AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? C NOX NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attegded the deceased fram sow the deceased alive an. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the body after death 226. SIGNATURE DEGREE 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN FUNER, 274 PHYSICIAN'S NAME (TIPE OF PRINT) 22e. ADDRESS 20528 Germantown Road ould be Richard Katon, M.D. Germantown, Maryland 20874 0 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Westmoreland Co. 23c. NAME OF CEMETERY OR CREMATORY January Burial Denmark Manor Cemetery Penn Township Pennsylvania 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 P.A., 300 W. Montgomery Ave., Rockville, Maryland N 1 (VRA 15, 4)



	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	0 2	8 3
1550 1111 22	InDE	TEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH		N HOUR
I Jay Charly RE	Gt fPE	OR PRINT! Harry	Francis	McDonald		1 13 87	10 40
pog pog	3 SE		ACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY) IF UNDER I YEAR	IF UNDER 24 HRS
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11/2	48. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION			BUSINESS OR
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1 11/1/	14. F/	THER'S NAME	MIDDUE LAST	15 MOTHER'S MAIDEN NA	ME		
1 11/6/			strick McDor	rald Catherine	, mobile	0'Le	ary
1 1/10		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECTION OF WAR OR DATES)	JRITY NO. 17 INFORMANT dau	ghter ADDR	Food Squaw Va	lley Ct.
2 00	-	no	220-44-7	152 Betty Johnso	n Ve	nice. Florida	33595
1 2175		II. CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), as	nd (c).)		APPROXIM. BETWEEN ON	ATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Carde	ac arrest			
2 P 2 2 2			DUE TO, OR AS A CONSEQU	ENGE OF ,	1. + . +	1,	
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU				
that that d by lease inl. c		underlying cause last.	(Ic)				
NG PHYSICIAN: The low requires that a citeding physician. Iffer this certificate has been signed by a so the burial-stronsit permit. Then please than and Mental Hygiene prior to burial, cryed or them 18 shows any injury, or athen	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	NDITION GIVEN IN PART 110	
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he le	THE STATE OF				YES NO X	IN CERTIFYING CAUSES O	NO [
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ATTE Sprite CTO d for			DEC 18 19 19 view the body after death.	A	death occurred on the d	lote and have and from the co	iuses stated
OR hospital		27% SIGNATURE	- 2	DEGREE ATTENDING	, MEDICAL STA	226. DATE SI	IGNED 7
A A L		Marille (Sunnan	PHYSICIAN	MEDICAL STA		-8
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	23a (URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	24.5	Burial	Jan. 16, 1987 F	t. Lincoln Cemeter	y Brentwood	Prince Georg	es Md.
DHMH - 16 50M 4/83	24. FI	NAME NAME Franci	s J. Collins, open Jr	25s. DA1		R 256. REGISTRAR'S SIGNATUL	RE
(VRA 15, 4)	51	10 University B	lud. West, Silve	r Spring. Md. 1	JAN 20 198	Alex Render	Produce

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR THE ESTED NAME 20. DATE KNOWN DO MONTH DEATH MATED Jacob 6 AGE (IN YEARS DATE OF BIRTH DATE PRONOUNCED 5 4 YRS TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Pennsylvania 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Oper Supervisor Phillip Morris 3a STATE 136 COUNTY 136 INSIDE CITY HALES 13e STREET ADDRESS 13805 Rippling Brook Drive 14 FATHER'S NAME MIDDLE FIRST Ginther McDonald Elizabeth John **ADDRESS** (YES, NO. OR UNKNOWN) West T7 187-16-2635 Catherine M. McDonald Wife Same as 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNULACIANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? one YES NO NO 21ª EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural couses death resulted fram: Accident Suicide Homicide L. Undetermined monner TITLE (SPECIFY) DATE SIGNED Jan 10/98 MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md. A O 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c, NAME OF CEMETERY OR CREMATOR Jan. 13, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. 07/84 24. FUNERAL DIRECTOR Francis J. Collins, Jr. 25h REGISTRAR'S SIGNATURE **DHMH - 17** 500 University Blvd. W. Silver Spring. Md. (VR A15 ME (5))

STATE OF MARYLAND

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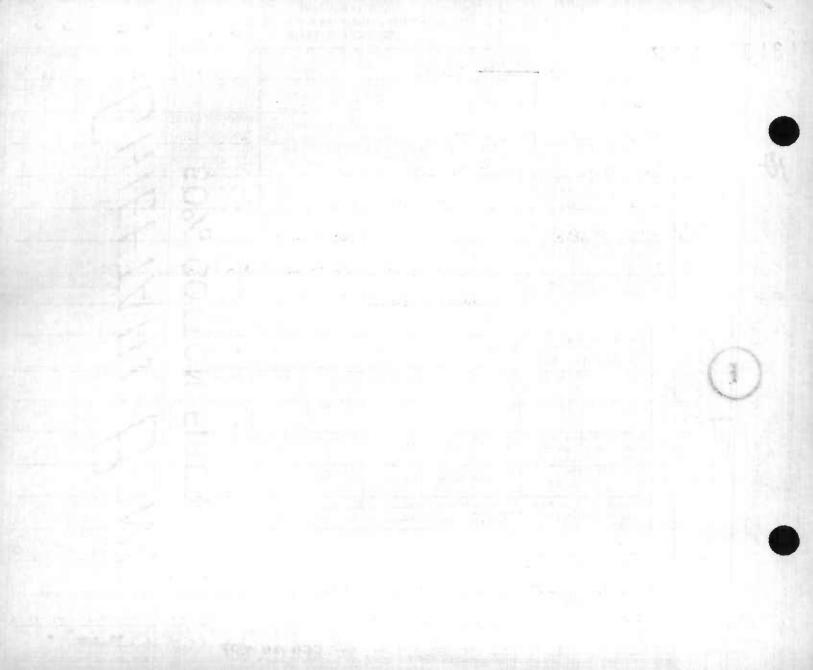
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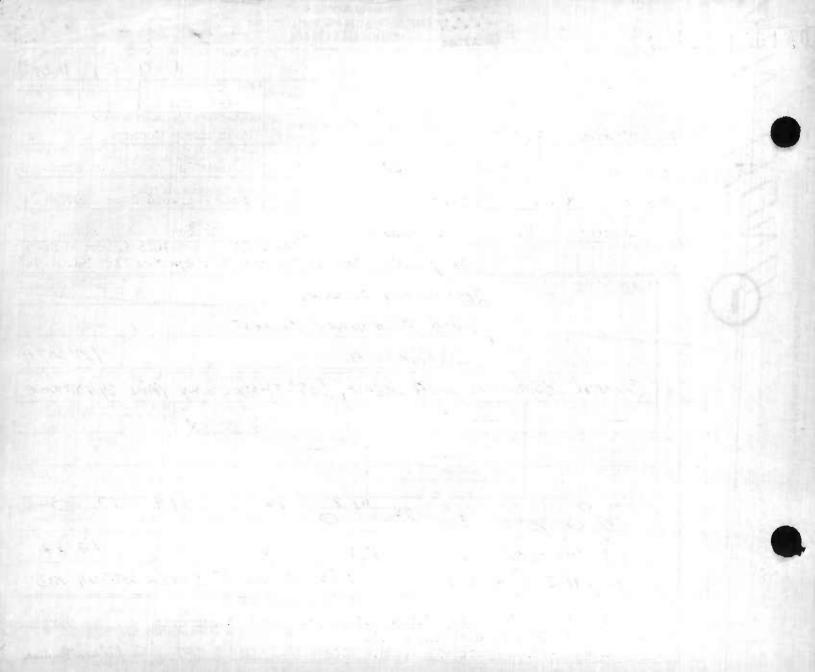
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	1.	FOR STATE			DEP	ARTMENT OF	IEALTH AND MENTAL HY	GIENE 3	0 2	8	5
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YLA thin		THER'S NAME				<u> </u>	15. MOTHER'S MAIDEN N	AME	,		
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SSICL SSICL Central Central Frem	CAI	LIFEITHER NOTIFY MEDICA	I EXAMINER)	P. <i>A</i>		19	- 0				
PHY PHY PHY Phis Phis d A d A	MEDICAL	21d INJURY OCCURRE		21e PLACE C		FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
DIVISION OF VITAL NG PHYSICIAN: The rottending physician of the this certificate has be bariolitroasing th and Mental Hygier arked or hem. Reshall	1	AT WORK NOT WHAT						1 7.1		Auto :	
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OR A DIRECTOR A DIRECTOR OF THEM		22h SIGNISORE		100			DEGREE			22 DATE SIGN	1ED
F - 0 - =		1/2/11/21/	00 1	1 -4	ocid	le	ATTENDING PHYSICIAN	MEDICAL STA		31 fr	87
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1 11/4/	450	NNSYLVANIA	UNITED STAT			MONTGOMERY	MD.
10 11 10	10. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
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OSPITA LONERA LONERA	1	224 PHYSICIAN'S NAME	co kair		22e ADDRESS		21 300 118 1
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DHMH - 16 60M 7/B4		NAME		ADDRESS		TE REC'D. BY REGISTRAR 256 RE	ASA A A CONSTRUCTION OF THE STATE OF THE STA
(VRA 15, 4)	DE	MAINE FUNERAL	HOMES, INC A	LEXANDRIA	VIRGINIA 07	1981 CHIMAN MICHA	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG NO 2a. DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 1105 Mary Grace McFalls 4 RACE S. DATE OF BIRTH AGE IN YEARS LAST RIFTHDAY IF UNDER 24 HRS IF UNDER I VEAR March 10, 1920 Eemale Caucasian To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania Montgomery County WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Holy Cross Hospital Housewife Own Home Silver Spring USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 136 STREET ADDRESS / ZIP CODE 7005 Fairwood Road P.G. 20784 Maryland Hvattsville YES X 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Charles Steinecker Mary Grace Moran W. ADDRESS7005 Fairwood Road 166 SOCIAL SECURITY NO. 17 INFORMANT (Husband) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Gene P. McFalls, Sr. Hyattsville, Md. 20784 174-16-5391 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE (0). ARDIO DULMONARY ARREST. Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A SONSEQUENCE OF DIEUMONIA MONTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO RONIC OBSTRUCTURE LING DISEASE, DOST THORACTORY PAIN SYND THORACTORY 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on above (1) (we) (iid and New the body after death and that in my (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATUR ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 11. ADDESS SPRING ST. SILVER SPRING MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation | 01/13/87 Metropolitan Crematory Alexandria Virginia 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATI Franky SreGasch's Sons Funeral Home, P.A. DHMH - 16 60M 7/84 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

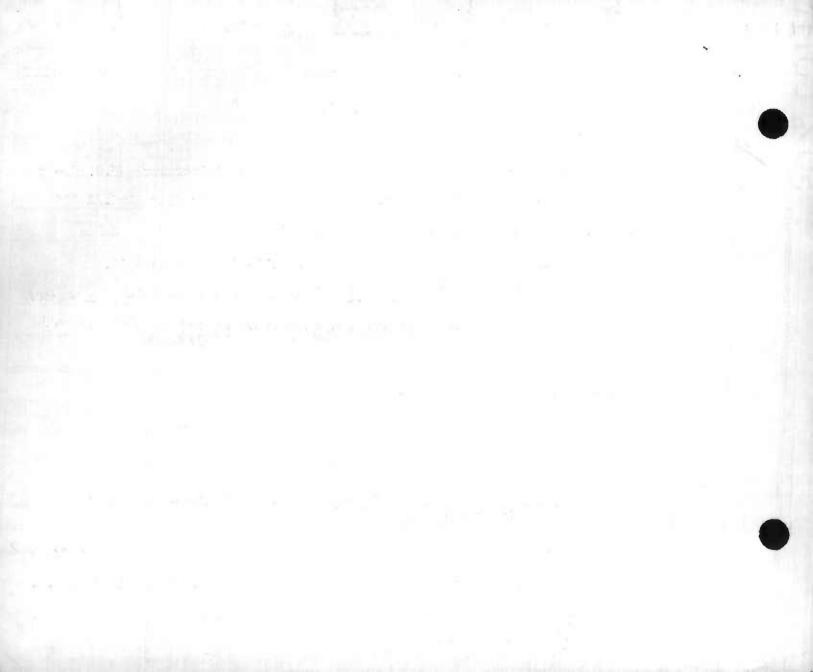


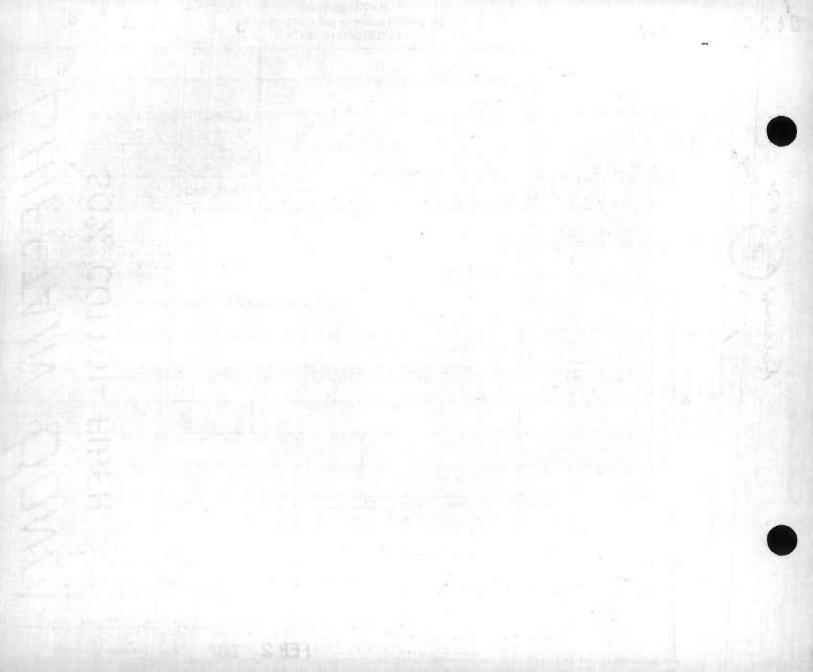
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 T STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME Clement McGinnis January 19. 1987 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR 3. SEX MONTH YEAR Male Caucasian Nov 1,1898 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States | WIDOWEDXX Pennsylvania Montgomery County DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bradley Blvd. Chevy Chase Administrator U.S. Gov't USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d. INSIDE CITY LIMITS? Montgomery 5120 Bradley Blvd./20315 Chevy Chase Maryland NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Catherine John McGinnis Deehan ADDRESS 17 INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 220-42-0710 Anne C. McGinnis, Same as # 13. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line to Colon Marie ESTIVE HEART FAILURE PART I. DEATH WAS CAUSED BY 2 4 HRS IMMEDIATE CAUSE ARTERIOS CEROTIC CORDNANT ARTON Canditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito CARCINOMA A COLON 206. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (the hospital) attended the deceased from sow the deceosed alive on STA N. 19 above, (III-(mp) (did) (did not) view the body ofter death _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE MID ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3301 New Mexico Ave. NW Washington, D.C. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE Jan. 23,1987 Elmwood Cemetery Burial Birmingham

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250. DATE REC'D. BY REGISTRAR'S SIGNATURE

7557 Wisconsin Avenue Bethesda, Maryland 20814

DHMH - 16 50M 4/83 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH REG NO DECEASED NAME 20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER TYEAR IF LINDER 24 MRS BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE STATE OF FOREIGN New York United States | WIDOWED | rtgomer IZA KIND OF BUSINESS O EVILOWET COM I WORKING LIFE) Government 130 STATE 13e STREET ADDRESS / ZIP CODE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDDIE Robinson Robert McNab Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATES) 147-10-1184 Gertrude L. McNab, same as #13 Yes WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. he salic days IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF 1 culation Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY OFFICE, FARM ETC. NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased olive an abave the weak did (did not) view the bady after death and that in (my) (our) opinian death occurred on the date and hour and Iram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MICOGA ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS FERLYWOODS BETH. MA R66611 10215 23b. DATE Jan. 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial 13, 1987 Silver Spring, Maryland Gate of Heaven 24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes 250 PAT READ AT 1987 AR ALLEGIS DE LE CONTROLLE DE LA CONTR DHMH - 16 60M 7/84 7557 Wisconsin Ave. Bethesda, MD 20814 PA (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 25. HOUR Kim Menser AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH IF LINDER 21 MR MONTH Female 1915 Korean O BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Korea Korea DIVORCED IX Montgomery WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rockville Homemaker Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Germantown 13e.STREET ADDRESS / ZIP CODE Maryland Montgomery 19320 St. Johnsbury Ln. 20874 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE LAST MIDDLE Yi NMN Hee Kim Mira Jong ADDRESS Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) TIF YES GIVE WAR OR DATES! Same as 13e 216-06-4986 Thoran Menser APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 196 CONDITION FOR WHICE OPERATION WAS PERFORME IN CERTIFYING CAUSES OF DEATH? NO YES [71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ÖÍ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 1 IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. THE LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated the body ofter death 22c. DATE SIGNED **ITENDING** MEDICAL ld be deta the State [HYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 131 NAME OF CEMETERY OR CREMATORY 15PECIFY STATE Burial Norbeck Memorial Pk. Montgomery Md. ²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Miles Landrom Raid

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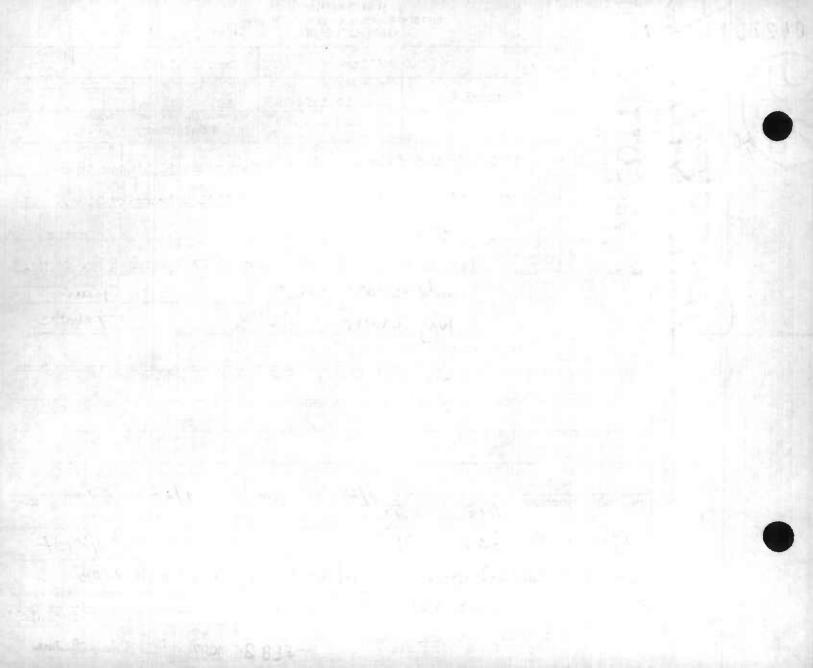
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OF THE ST	-60	sow the deceased alive a	January 11. 19	87 ond that in (my) Mur) apinion	death occurred on the de	ote and hour and	
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P		Cremation	112, 1987 Met	ropolitan Crema	tory Alex	andria	Virginia
MH - 16 60M 7/84	24 F	NAME NAME	A. Pumphrey	Funeral Homes, DA	AN THE TORY	236 RE FISTRAR	SIGNATURE Produce
(VRA 15, 4)	BO	West Montag	mery Ave Roc	kwille Md	7111 1 1 1001	0	

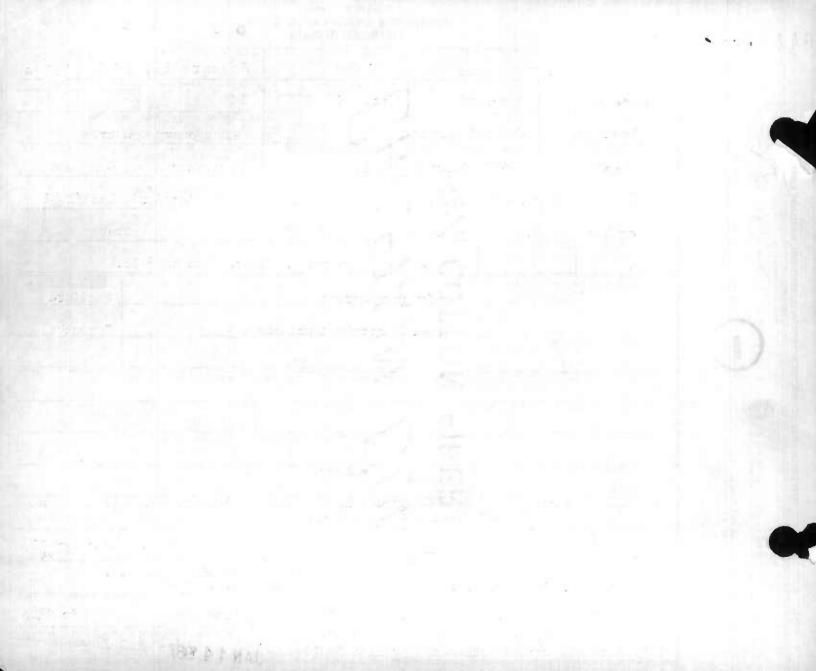


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Julia Devideon Raidure

DHMH - 16 50M 1/81 (VRA 15, 4)





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ALC ALC SEMOV			if any, which to immediate	(6)											
OR THE SECTION OF THE		couse (o) sta	ting the under-	DUE TO, OR	AS A CONS	EQUENCE OF						-			
P EN PEN N		lying couse lo	ost.	(0)											
A B S A B S		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERMINA	DISEASE DR CONDI	TION GIVEN IN PAI	PT1						
一番 のモスペルン	Z		None												
RECCION WED BE PEND AS DAS LECTOR	AF	19a DATE OF OP	ERATION	TI96 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?		
SHOULD BE CHIEF MEDIC CHIEF MEDIC E USED AS F OF HEALTH	× 5	None		10 - 12											
ISION OF VITAL RE- RTIFICATE SHOUD NG THE WORD "YEI NO THE CHIEF M SHOULD BE USED A PARTMENT OF HEA PRORTO BURNAL, OF	CERTIFICATION	None 21a EXTERNAL C	AUSE WAS	21b TIME O	FINJURY		21c HOW INIU	RY OCCURRE	D (ENTER NATURE OF	NURY IN ITEM IS PA	PT 1 OR PART 2)	YES 🗌	NO X		
O HE HE S	A S	UNDERLYING CONTRIBUTING	OR		MONTH (, , , , , , , , , , , , , , , , , , , ,		m) (On (An (2)				
SHOOT OF THE	MEDIC	21d INJURY OCC			N. OF INJURY	19	21f LOCATION	None		N. H. MAG					
OIVIS CER SITIIN SDED E 3 SI E DEP	WE	WHILE NAT WORK			TORY, FARM, ETC		STREET		CITY OR T	OWN	COUNTY		STATE		
WAR WAR PAG 2127	1	AT WORK	TWORK												
A PERS		22a. I certify th	of I took charg	e of the remains de	scribed obove	e, held on	Autopsy .	Inspection	lnquir	y 🚺 . and	іп ту оріпіоп				
MAN PER		death resulted f	rom: Nator	ral causes X,	Accident	Suicio	e . Hor	micide .	Undetermined r	nanner .					
WIT WIT WAR		/	//	0 1/	11		TITLE	(SPECIFY)							
CAL EXA SHOULD SHOULD ERAL DIR ERAL DIR		SIGNATURE	98 5	1.0	200	pers	M.D. De	puty	MEDICAL EXA	MINER	DATE SIGNED.	1/6/8	7		
DE A ST					V	,		1919 3	Seminary	Road					
TO MEDICAL EXAMINER: RECURT HE CERTIFICATE PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTERDEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRINT)	Joh	in S. Roge	ers, M.	.D.	ADDRESS	Silver	Spring.	Montgo	omery C	county	, MD		
PAE PAE	23a.E	SURIAL, CREMATION	N, REMOVAL 2	36 DATE	23c NA	AME OF CEME	ERY OR CREMA	TORY	23d. LOCATION				ATE		
07/B4 BP	-	Cremati	on	1/10/87	1		l Crema	tory	Suitl	and, MD	200111	31			
25M DHMH - 17	24. F	UNERAL DIRECTO	Joseph	1 Gawler	s Sons	Inc.		25a. DATE F	REC'D. BY REGISTE	AR 756 REGIS	IRAR'S SIGNA	ATURE			
(VR A15 ME (5))		5130 V	VI Ave.	, NW Wash	•, DC	20016		LJAN	1 4 1987	Julia D	cordern. K	adall			

1011 1 1911110 na 2. sement benings - 1e A Course Consessing and Additional Consession and Additional Consessio

Total 1/10/17 Take CIA TOTAL AMERICAN, US Someta Hadrer con, III. certificate be

by the funeral director, page 3 filed within 72 hours offer death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR			DEPARTA		ICATE OF DEAT		ENE 8 / REG. NO	0 2	2	9/	
		EASED NAME	FIRST		MIDDLE		LAST			MONTH DA	Y YEAR	26 HOUR	
	(TYPE (OR PRINT)	LEON	ARD	Μ.	N	MOLDAWER		1/23/	57		6 45 M	
	3 SEX	-		4. RACE		5. DATE			6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS	
4	1	MALE WHITE				MONT		9/6	70 YRS. MONTHS DATS HOURS MIN				
Я	M. BIR	M. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?					MARRIED NEVER MARRIED BALTIMORE CITY OR COUNT						
7	1	Philo (Ya USA					ED DIVORC		montgamens County				
1	S (SIVER SORING BY DE					OR OTHER INSTITUTION	tu	C.P.A.	love	Limo	owes	
0.0	130 S		NURSING HOME OF		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIV	MITS?	13e.STREET ADDRESS	ZIP CODE			
)	Mar	rvland	Mont	comerv	Bethesda		YES NO	-	4504 Avame			20814	
1	14 FA	THER'S NAME		0			15 MOTHER'S MAIL	DEN NAM			LAS		
) P	Albert		Mo	ldawer		Mollie		MidDiff		Hari		
		AS DECEASED EN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	5000	ADDRE				
	{ 41	yes	Army	Air	579-07-9	130	Esther B.	Molo	lawer-wife-	(same	as 13e	2)	
		18 CAUSE OF DE	EATH (Enter ar	aly ane cause per	line for (a), (b), on	digni	(N ===	./	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BETWEEN C	MATE POTENTAL	
		PART I. DEATE	H WAS CAUSE IMMEDIA	TE CAUSE (o)	barde	e.C	arryl	m	ee		men	ale	
				DUE TO, O	R AS A CONSEQUE	NCE OF	0				0.00		
١		Canditions, if a		(dt)	ff-5/7	41)					-		
ř		couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.											
Ų		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									<u> </u>		
	Z										N IN PART 10	0 '	
	AT	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	WERE FINDINGS USED			
	CERTIFICATION					OTERATION WAS TERRORMED			YES T NOT	ING CAUSES OF DEATH?			
	E .	21a. ACCIDENT WAS	UNDERLYING	216. TIME C	F INJURY		21c HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUR	YES	T 1 OR PART 2)	110	
		OR CONTRIBUTING	the same of the sa										
	MEDICAL	214 INJURY OCC		P. P. PLACE		19	21f LOCATION	-					
	N.	WHILE NO	WHILE WORK	(AT HOME STI	REET, FACTORY OFFICE, F	ARM ETC)	STREET	- /	CITY OR TO	WN	COUNTY	STATE	
				ital) attended th	e deceased from	5/1	9 19	16			87	that (I) (we) last	
		saw the dec	eased alive an	116	3 19.0	7.0	nd that in (my) (aur)	opinian d	eath accurred on the do	ote and hour o	and from the	causes stated	
		22b. SIGNAJUH		an view ine body	uner deam.		DEGREE				72c DAFE	SIGNED	
		46	11.	1	-		ATTEN PHYSI	IDING X	MEDICAL STAF	IAN 🗌	1/2	3/87	
		22d PHYSTICIAN'S	SNAME (TYPE OF	ORPRINT)	ck,	40	27e ADDRESS	13,	he Dr	When	con	MA	
		URIAL, CREMATIC	ON, REMOVAL	236. DATE	23¢. N	NAME OF C	EMETERY OR CREM.	ATORY	23d LOCATION		COUNTY	STATE	
	C	rematic		1/24	/87 Me	etro	oolitan (Crem	atory Ale		COUNTY	STATE	
		i nes / Ri		11800	New⁴□Har	-		250. DATE		256. REGISTR	AR'S SIGNAT		
					Tron IIai	L . T.		0		9	,		

... Silver Spring, md.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit.
with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR. After this certificate has

m 18 shows

IMPORTANT: If them 21 is morked or the



STATE OF MARYLAND

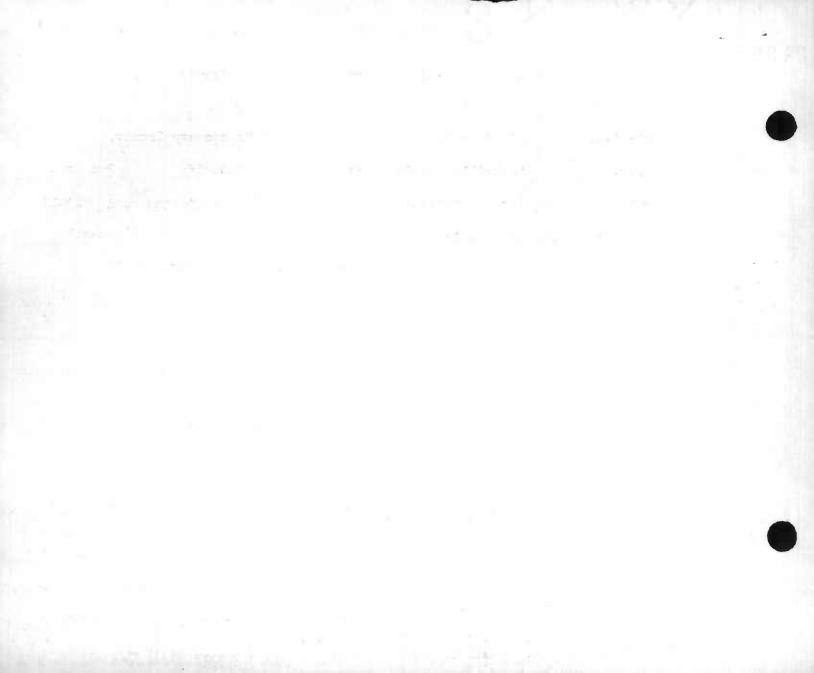
1 - STATE	E ISTRAR			DEPART		EALTH AND MENTAL HYC	REG. N	0	2 4	9 0
L DECEASED		FIRST		MIDDLE	i	LAST	20 DATE OF DEATH		DAY YEAR	26. HOUR
PE OR PRIN	(1)	77-4-17	la Tra	14050000	M	0000	Januar	7 6 1	987	7 8
1. SEX		Estell	RACE LA	liaferro	5. DATE C	oore OF RIRTH	6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		1	MACE		MONTH	H DAY YEAR	1 1-1		AONTHS DAYS	HOURS MIN,
	male		Cauca		9-	22-1866	100	YRS.		
7a BIRTHPLA		FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
	chigan			States	WIDOWE		Montgomer			MD.
	town of DEA	ATH 11	I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET 11e Nurs	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOUSEWIFE			Home
UAL RESI		ING HOME OF OT	THER INSTITUTION	GIVE RESIDENCE BEFOR		Olic				
I.S. STATE		13b. COUNTY		13c. CITY OR TOW		138. INSIDE CITY LIMITS?	13e.STREET ADDRESS			20816
Mary1		Montgo	omery	Bethesd	а	YES NO A	5415 Newin	gton B	coad	20010
14 PAINERS	FIRST	MI	DDLE	LAST		FIRST	WIDDLE	,	Conne	ST
	nomas	Arno	-	aliaferr		Mary			Conne	:LL
	OR UNKNOWN		ED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT Daug	hter			
No	0			577-84-4	814	Estelle M.	Copley sa	me as	#13	
18 CA	AUSE OF DEAT	H (Enter only	one couse per	line far (a), (b), ar	nd (c).1				APPROX	ONSET AND DEATH
PA	ART I. DEATH W	AS CAUSED		Pos	- ca w	2010111			3	days
		IMMEDIALE								
Conc	ditions, if any	which	DUE TO, O	r as a consequ	ENCE OF					
gave	e rise to imi	mediate) (0)—							
	e (a), statir erlying couse		DUE TO, O	R AS A CONSEQU	ENCE OF					
DARY	2 OTHER CICI	HEICANIX CO	(0)	ONITRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	AINIAL DISCASS OR CON	DITIONI CIV	CALIBLOADT A	
	Z. OTHER SIG	/ /	MUITIONS CO)	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DII ION GIVI	EN IN PART II	a.
18 10 0	ATE OF OPERA	CALA	TIGH COND		OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	Tank IE VES	, WERE FINDI	NICE HEED
Sla Di	ATE OF OPERA	11014	198 COND	IIIOI4 FOR WHICH	OFERATIO	NAS PERFORMED		IN CERTIF	YING CAUSES	OF DEATH?
E .				F 10 10 10 1		Tel "How himey a com	YES NO		S 🗌	NO 🗆
	ONTRIBUTING		216. TIME C HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
1 2 1	ITHER NOTIFY MEDI			M.	19					
@ 21d IN	NJURY OCCUR	RED	21e PLACE	OF INJURY	SADAN STC 1	ZII LOCATION	CITY OR TO)WN	COUNTY	STATE
WHILE NOW TA		HILE	The state of the	cer, ractor, or ice.	174111, 616.					
22a 1	certify that (I)	this hospito	l) ottended th	e deceosed from_	10	1/24 19 8	la 10 12	31	19 86	that (1) (we) last
50	aw the deceas	ed alive on_	12/0		86,0	nd that in (my) (aur) apinian	death occurred on the	ate and hou	r and from the	causes stated
	IGNATURE	aia) (aia nar)	view the Body	arrer dearn.		DEGREE			Th. DATE	SIGNED
10	1	tal	1.	1 100	0	ATTENDING Y	MEDICAL STA		1/1	6/87
724 PI	HYSICIAN'S N.	AMP GYPE OR P	RINT	71 1010	/	PHYSICIAN [DIRECTOR LI PHISIC	TAIN	1	1
11		6/	11/	10 1	1	115	4 00	-1		
C 6	NVIV	17001	NEV	DUNT	000	1010 W	FJT VIOL	779	OGNIV	YAU
23a. BURIAL, (SPECIFY)	, CREMATION,	REMOVAL	236. DATE J.	an. 13c.	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1/	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial / 10, 1987 Fort Lincoln Cemetery B 10, 1987 Funeral Homes, P.A. 250 DATE REC'D. 7557 Wisconsin Ave. Bethesda, Maryland 20814

Brentwood

Maryland



040386 JAN 1		FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B / REG. NO.	02499	
deoth deoth deoth deoth		CEASED NAME FIRST	hn F	moore	20 DATE OF DEATH MONT	TH DAY YEAR 25 HOUR 2 1/2	CHA
se 4 may b ctor, page s ofter deal	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY		A HRS
Page of the Page o	TATA	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR CO		MD.
on other de within	10.5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION PROJECTION PROPERTY AND ALLEY	12a USUAL OCCUPATION (1Y) OF WORK FOR AUSTO) WOR	PRINGLIFE INDUSTRY	
within 24 door	139	AL RESIDENCE (IF NURSING HOME JATE 13b CO	OR OTHER INSTITUTION SIVE ESPENCE BEF UNITY 13 CITY OR C		13. STREET ADDRESS & ZIP	now Pike 07	04
MARYL ompletely ombletely exomine	14. F./	THER'S NAME	Mode Moore	J 5. MOTHER'S MAIDEN NO	AME MIDDLE	essner ,	
IMORE, oe execut on and ca		VAS DECEASED EVER IN U.S., (ES, NO OR UNKNOW) (IF YES,	ARMED FORCES? 166 SOCIAL SE 578-	CURITY NO. 1 MIFORMANY	in & Mear	e (13e)	
ST., BALT strificate to an papers emaval. event, the		PART I. DEATH WAS CAU	only one couse per line for (o), (b), ISED 8Y: IATE CAUSE (b)	ond ic who fal	Uh	APPROXIMATE INTERVA	AL EATH
PRESTON 5 he deoth cer he attending mation, ar re	2	Conditions, if any, which	DUE TO, OR AS A LONSEC	Fixe Sulphus	monde		
W. at the series of the cree cree		gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS ACONSEC	DUENCE OF LOWER	wallen		
S es .	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING T	DAATH BUT NOT RELATED TO THE TER	mer.		
AI REC	CERTIFICATION	190 DATE OF OPERATION		CHOPERATION WAS PERFORMED	YES NO NO	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO	
9 Per		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I ORPART 2)	
DIVISION OF VITAL RECORDS, ING PHYSICE THe require of the this of the build the remaining the remaining of the build the remaining the period of the order of the period o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA	ATE
TEND or TOR A or Use of Heal		saw the accome alive above/(I) we ided thid	on 19 not view the body after death.	, and that in (my) (our) opiniar	death accurred an the date a	nd haur and fram the causes state	e) last ed
Che the		The SIGNATURE	r. Alm		MEDICAL STAFF DIRECTOR PHYSICIAN	1 DATE SIGNED	
TO HOSPITAL (TO FUNERAL I should be deto with the Store I		22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)	22e ADDRESS		1	
BP	7397	Touralle	Just- 1989 /	MAME OF CHARTERY OF CREMATORY ON THE CONTROL OF CREMATORY	ey Lewel 1	1.60. ML	NIE O ·
DHMH - 16 60M 7/84 (VRA 15, 4)	X.	Jetzer Hall	Takoma 254 Cari	Funeral Home Notes	TENECO BY REGILEAR 25b	MATURE -	

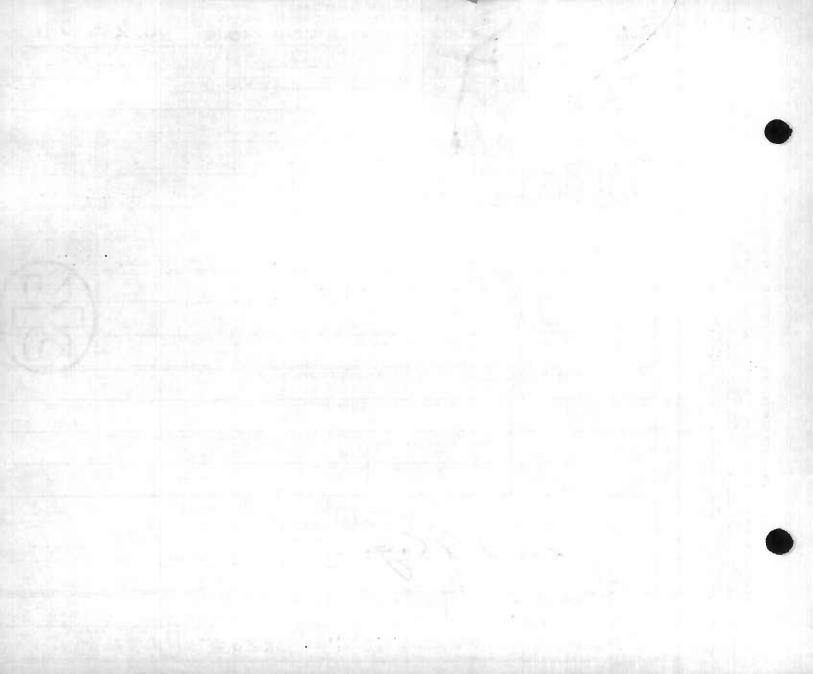
STATE OF MARYLAND

Producist Till XIS A. From Port Robinston law dist Therestol Birch Street getal Thoughout Henry Lines Leiner & 1 477 Colombias Piles Frank Master water Measures? The state of the first for M. C. W. Then I have I had for Millian Salary Salary Salary Millian

			STATE OF MARYLAND	
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	00
			STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH	DAY YEAR 76 HOUR
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43/ 8%	的既用口	01	Cdward Cd. 11/12 MOVan DEATH MATED ATTEN	3 019/1/ B-M
30	HOU STREET	3. SE)		DAY YEAR IN HOUR
- 2	NO S		MONTHS DAYS HOURS MIN PRONOUNCED	1 07 800
A P	YOUR TON ST		The Company of the Co	17 198 / D M
ESSARY	OR YOU WITHIN 72 PRESTON	7a. BI	INTHPLACE (STATE OR The CITY EN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH U
NEGESSA FUNERAL	S FOR YOUR WITHIN		William Wildowed Divorced 1 Man Dag	MELVY MD
ISA	'M .>	ID CI	ITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (LIPE OF STANK)	A RIND OF BUSINESS
1		199	(IF NOT IN SUCH FACILITY GIVE STATE TADDRESS)	9°79 USTRY
5	RETAIN PAGE HOULD BENIED RECORDS 20 V	1	2 K 1 2 K 1 2 / Fight A DE Whiter News	(140til)
01 7 C	CULD		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY THE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 137 INSIDE (ITY LIMITS? 138 STREET ADDRESS PARY)	20912
21201 ANY AND			MI L MI TO TELL TELL NEST NO I 1/2 MARCHE	AVENUE
	7. E. T.	14 E	ATHER'S NAME 1. IS. MOTHER'S MANUEN NAME	
	36E	14, 17	FRIST MODIE LAW FRIST	- Juli
ASSE ASSESSED			Edivard Jann. Holder ug	ol.
MO PAC	FORW SES 1	16a V	NAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN 17 INFORMAN 18 INFORMAN 18 INFORMAN 18 INFORMAN 19 INFORMAN 19 INFORMAN 10 INFORMAN 11 INFORMAN 11 INFORMAN 12 INFORMAN 12 INFORMAN 13 INFORMAN 14 INFORMAN 15 INFORMAN 16 INFORMAN 17 INFORMAN 18 I	110
BALTIMORE, S AFTER DEAT	PAGES INISION	41	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR ORDINATES) 565-12-7455 Mary March March	(10e)
₹ % E	5 t & 2		The second secon	APPROXIMATE INTERVAL
T. So	S I D		PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Z IZ	AL. PENE		IMMEDIATE CAUSE (a) Chr. (b) b.st rwetive 1 u.l. U.S	Y VS
57.52	MINER ALOR TRANSIT PE INTAL HYGIE OR REMOVA	-	(DUE TO, OR AS A CONSEQUENCE OF	
SE SE	ENTRE	-	Canditions, if any, which	
4 EV	RAKE	-	gove rise to immediate (b)	
* 0			couse (a) stating the <u>under</u> DUE TO, OR AS A CONSEQUENCE OF lying couse last.	15 S 16 KG
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHING 2HOUS POTING THE WOOD "PENDING" IN PENDEN IN 1FFM 18	WEDICAL EXA AS A BURIAL ALTH AND M CREMATION,		(c)	
S 55.5	AABAE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in	
6 # 5	E TA	Z	None	
S S S S S S S S S S S S S S S S S S S	HEALTH CREA	E	190 DAJE OF OPERATION 190, CONDITION FOR WHICH OPERATION WAS PERFORMED?	1
3 35	SAL E	S S	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SH /II	SE COSE E	1	More	YES NO K
F HX	MENT OF BE	CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PARE	[2]
Z 5 H	STAN STAN		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
8 E	DHIAM	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME 216 LOCATION	
≥ 8 E	REDEP 201 PR	AE A	WHILE NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COU	NTY STATE
Q ≥ S	SA OF S	-	WHILE AT WORK STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUL	
Ė.	ST. ST.			
JAT A	AND THE STATE OF T		220 I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . Inquiry . and in my opin	non
Marie Marie	# D = 5		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner ,	
30	DIRECTION WARY		TITLE (SPECIFY)	
W C	MAN WEEK		ACTUAL DATE	Js. 3/19.
5₽	SA A S	1	SIGNATURE MEDICAL EXAMINER SIGNED	100
9	3 3 0 X	-	EXAMINET SNAME John S. Rogers 1919 Seminary Rd., S	. S., Md.
A ME	PAGE A SHOUND TO FUNE AS A SHOUND A SHO		(TYPE OR PRINT) JOHN S. MORCES ADDRESS	,
23	22549		URIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNT	Y STATE
07/84 BP		0		Md.
2544		14,1	136 DATE DEC'D BY DECISTORD IN THE STATE OF	ONWINES
	HMH - 17	W	Takoma Funeral Home. FFR 9 1087 All All	m. Touristic
	A15 ME (5))	1	254 Carroll St. N. W. Washington, D. d.	A CALL TO SERVICE STATE OF THE

Lake think literal Elward Galvie Geldie agle. No 565-17-1455 Mary the was Thought (13c)

504	2771	il ili-	FOR STATE 7			MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
			REGISTRAR CEASED NAME	FIRST	MICI	MIDDLE	EXAMINE	(2 CI	AST	AIEU	F UEA	I ITY	REG.	NO		200	
	W .: 20.		E OR PRINT;	Minni	· · · · · · ·		440	Ma			- '	OF	ESTI- MATED	et ma		YEAR	26 HOUR
	LEAS TTOR FILES OUR REET	2. SE)	(4.	RACE	5 DATE OF BIRTH	athry	6 AGE (IN YEARS		rgan	FUNDER	24 HRS. 2	DEATH		MONTH	/21	19 87	M HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. : 5 FOR YOUR FILES. D. WITHIN 72 HOURS PRESTON STREET.		emale	White	Nov. 10,		64 YRS.	MONTHS		HOURS	MIN	RONOUP	NCED)	1/	/21	19 87	10:45 A. M
	CESS VERAL OR)	60	MI ON TO STATE		76. CITIZEN OF WE	IAT COUN			D NEVE		ED 🔲					Y OF DEATH	
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	DELAY IS N TO THE FI V PAGE 5 BE FILED,		ilver Sp		14000	14000 Castle Boulevard, #310 For MOST OF WORKING LIFE) School Teacher						er	Mont	gomen inty	УУ		
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07/B4 25M	BP	24 51	Buria1		Jan. 26, I				Ter	0.175.0	Law	renc		n Bui	cen	Mich	igan
24. FUNERAL DIRECTOR 11800 N H AVE 250. DATE REC'E										281	987	Julie Aldie		SIGNAT	URE	*	



STATE OF MARYLAND 20. DATE KNOWN 26 HOU TYPE OF PERSON OF ESTI-DEATH MATED OMAS MORRISON. Jr. 19 8 2d. HOUR DATE YEAR PRONOUNCED 108 02 DEAD * BIRTHPLACE 75 CITIZEN OF WHAT COLINTRY A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY STUDEN School 4SPITA L AL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS SILVER SPRING UNIVERSIT 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST Thomas Francis Morrison. Sr Mary Ann Campagna ADDRESS 12403 166 SOCIAL SECURITY NO 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES Stretton Lane 218-11-4663 Thomas F. Morrison, Sr. Bowie. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY TRAUMA ACUTE MULTIPLE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 4 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR POR UNDERLYING 10 CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK TREE EXECUTE TO FUNE BE PAGE 4 SHOULD BE TO FUNERAL DIRECTOR; PAFER DESTH WITH THE ST PAFER DESTH WITH THE ST PAFER DESTH PAFER DESTH PAFER DESTRUCTION OF THE PAFER DESTRUCTION 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Suicide 1 Hamicide Undetermined manner TITLE (SPECIFY) DATE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial JAN 12, 1987 Meadowridge Mem. Park Elkridge, 07/84 Howard, Maryland 25M 24. FUNERAL DIRECTO 16000 Annapolis Road **DHMH - 17** Wie Traidon Pandace (VR A15 ME (5)) Bowie, MD 20715-3043 Beall Funeral Home

Francis Morrison, Sr. Mary

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Best L super though Bowle, ME 20715-3043 A. W. P. Dilling L. M. L. Martin St. St.

44.2 V= .5= .a.c. VIALESTROP Chevy Chane Wethends Hetiroson, Honten Advertising Hr. Ht. Rifts Jago. C NA CRECIPION X 1414 - 176 St. MA m I im Yes IN 1-W IX 578-46-3867 Cathurine Howlton Same as item # 13 to the physical control and the second of th Burlal 1/9/57 total decrea tell, Milver Spring, MD .of .more altream in temp. SLOOP IVE. St. Mach., 30 20016

DEPARTMENT OF HEALTH AND MENTAL HYGIENE = STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWNXX (TYPE OR PRINT) ESTI-DEATH MATED Jemes Rosauro Moure 19 87 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7:03 DATE LAST BIRTHDAY PRONOUNCED an 9-17-22 Male DEAD 1987 64 7b CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Alabama U.S.A. WIDOWED DIVORCED Montgomery County, 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Inter Arms Engineer Bethesda Suburban Hospita. 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. White Plains Rt. 2, Box 102 Charles YES NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ramiro Annela Soto Moure 17 INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 081-12-2174 Beatrice F. Moure. Same as line 13 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 1987 pedestrian struck by auto 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK southbound 118 at 270, Montgomery Co., Md. road 22e. I certify that I took charge of the remains described above, held an Accident XX death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 1 - 25 - 87EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 William M. Zane, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATOR 23d LOCATION Burial 1-29-87 Park Hill Cemetery Marbury, Charles. 07/84 2584 C'D BY REGISTRAR AS REOISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, Md. (VR A15 ME (5))

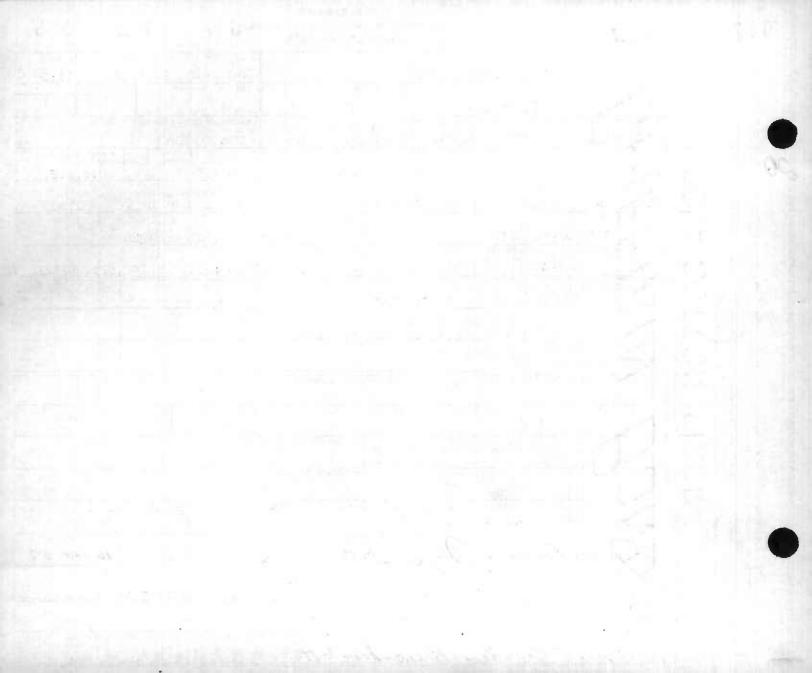
STATE OF MARYLAND

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	Ter d		3. SE	Х	4.	RACE		S. DATE O		6. AGE (IN YEARS LAST B	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
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BALTIMORE, MARYLAND 2	bud o	B -		WAS DECEASED EVER	CIFYES GIVE	WAR OR DATEST	166 SOCIAL SEC		17. INFORMANT	ADD				
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*	11 10	other		underlying cause		1	AS A CONSEO	UENCE OF						
201	es the	0.00		PART 2 OTHER SIGN	IIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	VDITION GIVEN	J IN PART 1		
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2	he k	lows	E	Parties.		1				YES X NO	YES		OF DEATH?	
VII.	hysic rons	Hyg 18 sh	Ü	21a. ACCIDENT WAS UND		216. TIME OF	NJURY	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	I OR PART ?)		
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DIVI	NG Total	orke		WHILE NOT WHI	K L									
	SR. A Se	Heo E	1	22a 1 certify that (1)				70.73	MBER 30, 19 86	JANUA			that (I) (we) lost	
	ATTI ospit ECTC d for	TE S	1	sow the decease above, (I) (we) (d	id) (did not)	view the bady o	ofter deoth.		d that in (my) (our) opinion o	death occurred on the	ate and hour o			
	OR he h	F he	1	Chame.	81.	/	0	. 4	DEGREE ATTENDING	MEDICAL STA	FF	22c DATE		
	by the	Stote	1	III MYSICIAN'S NA		varel /	Chyce		PHYSICIAN PARENTE	DIRECTOR PHYSI	CIAN	16 1	AN 87	
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	of of short	* MY	225	J. E. SNY		23b. DATE	C, USNR	NAME OF C	BETHE		814-501	1		
CO	(IBP) CI	G		BORIAL, CREMATION, I (SPECIFY) URIAL	TAVOMA	1-20-8			ON NATIONAL	23d LOCATION CITY OF TOWN		YINDO	STATE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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OF DEATH	MONTH	DAY	TE AND	26 HOURE

- 1						EG	0.			CONT.
1		CEASED NAME GIRST	Richar	1 6	now Mullen	20. DALFOF DEATH	MONTH DAY	07	26-410U	REIN
/	X				07101	\	1-6	-0/	081	なり
2	3.5E		4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	HOURS	24 HRS
Ы		Male	White		ig. 4, 1916	70	YRS.			
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	TI	
2	144	enna.	USA	WIDOWI		Montgor	mery Cou	intv.		MD.
1	18. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF	BUSINE	Shorv
1		Rockville	Shady grove	Adven	hst Nospital	Cartogram			-	
3	USU	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION OWE RESIDENCE BEFO					CHSC	Det VO	1112
4			tgomery Germant		13d INSIDE CITY LIMITS?	22720 Rids		20874		
State Line	-	THER'S NAME		OOWII	15. MOTHER'S MAIDEN NAM		e mu.	200111		
		John Edwa	ard Mullen		Nellie	MIDDLE	Tob	LAST		
	16a V	VAS DECEASED EVER IN U.S. AI		CURITY NO.	17. INFORMANT	1.AQDR	Joh I ^{SS} Botele			
	(1		IVE WAR OR DATES)		Chauser T C					
					Sherry L. St	mich, Mt.	Airy, N			BVAL
		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), o		1. Arrist			APPROXIA BETWEEN O	NSET AND	DEATH
		IMMEDIA	TE CAUSE (o)	HSP11-	John Lancis					
		IN THE THINK	DUE TO, OR AS A CONSEO	UENCE OF						
	1	Canditions, if ony, which gave rise to immediate	(b)							
- 1		cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF						
- 1		underlying cause last.	(c)							
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN	N PART 110		
4	CERTIFICATION									
11	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICE	7		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN			
1	RTIF	12/29/86	Bladder (arcin		YES NO	YES [NO [
1	Ü	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	TIONE AND MONEY	DAY YEAR	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19						
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	r r.a. 526 1	211 LOCATION	CITY OR TO	wn	COUNTY	S	TATE
	>	AT WORK NOT WHILE	(AT HOME, STREET, PACTORY, OFFICE	E PARM, EIC J	Jinket					
		220.1 certify that (1) (this hasp	oital) attended the deceased fram	Decembe	R 28 , 19 86	_, to January	2 19	87 .	hot (I) (v	we) last
		saw the deceased alive ar	ot) view the body after death.	86,0	nd that in (my) (aur) apinian d	eath accurred an the d	ate and haur on	d Irom the c	auses sta	ated
		226. SIGNATURE	pri view the body differ dedin.		DEGREE			22c DATE S	IGNED	
		/VVI aut F1	MA		ATTENDING PHYSICIAN IN	MEDICAL STA	FF CIANI	Jan.	2,19	987
H		22d. PHYSICIAN'S NAME (TYPE	OR (mil)		22e. ADDRESS	PURECTOR E PHISIC	- IAN L	O CAUL	- , - ,	-
		Mark H. R	latner, M.D.		15255 Shady G	rove Rd.	Rockvill	le. Ma	1.	
	23a P	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	123d LOCATION			. •	
		Cremation				CITY OR TOWN	00	YINUC		TATE
	24 FI	JNERAL DIRECTOR	Jan.6,1987	wes	stview 1250 DATE	Baltin REC'D. BY REGISTRAR		ryland		
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(VRA 15, 4)

REGISTRAR I. DECEASED NAME

LIVEE OF PRINTS

FIRST

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Wisconsin Ave Blee m 5454 Chevy Chase. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial/Transit Evergreen Cemetery Detroit, Mich. 250. DATE REC'D. BY REGISTRAR 756, REGISTRAR SICH Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 DATE OF DEATH MONTH

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

22c DATE SIGNED

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Own Home

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IF UNDER 24 HRS

1987

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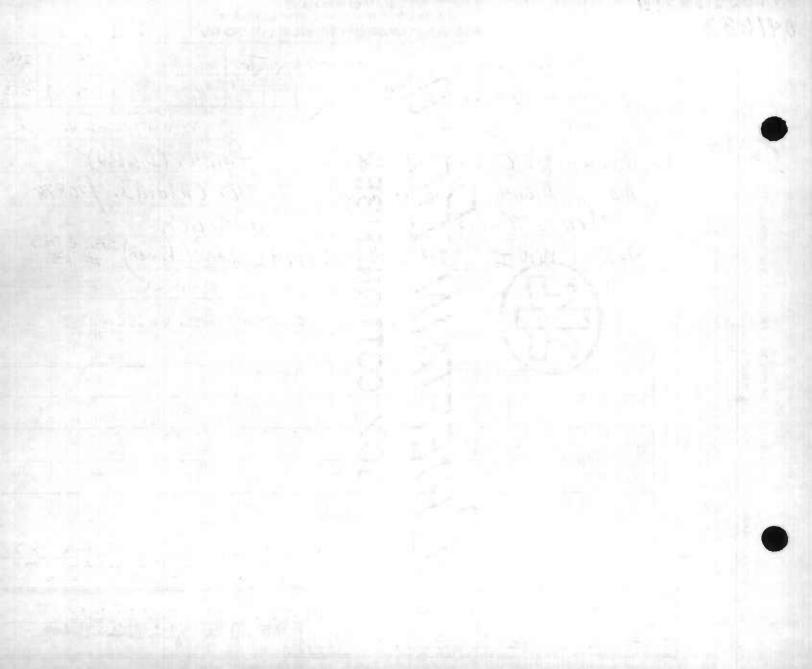
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) poge 3 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS YEAR Female White A CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN U.S.A. DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126-KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE **INDUSTRY** Homemaker Hosp. Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES M 215 Cechan 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William W. Everett Buckingham Sarah ADDRESS thesda, MD 20816 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 579-60-8996 Francis A. Murray, Jr. 4982 Sentinel Dr. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (1) (this hospital) opended the deceased from and that in (my) (our) opinian death accorded on the date and hour and from the causes stated saw the deceased alive of DEGREE 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THY SICIAN'S NAME 22e ADDRESS ould b IMPORT, 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial ITY OR TOWN COUNTY STATE 1/20/87 Rock Creek Cem. Wash., 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 60M 7/84 NAME 5130 WI Ave. NW Wash., ADDC 20016 Alia Devidor . Kandallo (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE JAN 14 37 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH IF UNDER I YEAR Caucasian L CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Maryland U.S.A. DIVORCED [IN CITY OR TOWN OF DEATH Vice Pres/Loan Collections Bank SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE Drive Maryland Montgomery Silver Spring 20901 15 MOTHER'S MAIDEN NAME Cole Murray Cora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 215-01-3493 yes Gladys E. Murray wife same as #13 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTHEY MEDICAL EXAMINERS P.M. 19 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (1) this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING \ MEDICAL STAFF MIDIRECTOR PHYSICIAN PHYSICIAN HYSICIAN'S NAME LITTE OF PRINT 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Metropolitan Crematory Alexandria BY REGISTRAR 256. PEGISTRAR'S SIGNATURE Francis J. Collins Jr. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blvd. West. Silver Spring. Md.

3 . 1 0 0 0 JAN	166	STATE OF MARYLAND	
041633	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	J F 1
09140		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. Q. 2	5
		CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN D MONT	TH DAY YEAR 25 HOUR
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- 000 A 00		AL RESIDENCE (IF IN NURSING LOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1
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\$ 80685 /		of the state of th	# 10
5 2 2 5 5 5		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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07/84 BP	,,,	Burial 1-14-87 Quantico Nat'l Cem. Triangle Viro	ounty State
25M	24 FL	guarante inde i com: Illumgic alli	SIGNOUR
DHMH - 17	Ge	Porge R. Snowden Rockville, MD 20850	N. Kartina
(VR A15 ME (5))	00	Torge II. Dilowdell Rockville, IID 20030	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-Nicole Musgrave 1-8-87 19 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER I YR. IF UNDER 24 HRS 2d HOUR DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED WHITE 1986 DEAD FEMALE 12 YRS B:060 8-87 19 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! USA MARYLAND WIDOWED [DIVORCED Montgomery County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! SHOULD BE NONE NONE Silver Spring Holy Cross Hospital HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL 13a STATE Nb. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND MONTGOVER SIWER SORING 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF WITH MIDDLE MIDDLE LAST REUBEN JULIANNE MUSGRAVE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LYES, NO. OR LINKNOWNS REUBEN MUSGRAVE NONE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden infant death syndrome STON IMMEDIATE CAUSE (o)____ MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HE CHIEF MEDICAL EXAM DE USED AS A BURIAL ENT OF HEALTH AND MEI D BURIAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED. THE STATE DEPARTMENT OF HELAND. 21201 PRIOR TO BURIAL. (190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES -NO F 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR:
AFTER DEATH WITH THE SI 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my apinion death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-8-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION CREMATION 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) HAMBERS FUNERIN HOME

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8.	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 2 5 1 3 CERTIFICATE OF DEATH								
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4 1 3 / b JAN 2	LOPE	CEASED NAME FIRST		MIDDLE	114	A51		MONTH DAY		26. HOUR	
d e o de		TSUYAN		מאט	NAG	•	0	10	01	AM	
Page 4 may be director, page 3 hours ofter death	3. SE	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.	
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RE, N	16a. V	VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
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DING PHYSIC or ottending After this cer as the buriouth and Ment morked or Ite.	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY OFFICE I	ARM ETC)	211 LOCATION STREET	CITY OR TO	iwn	COUNTY	STATE	
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A ATTEN hospital infection of Hem 21 is		22b. S GNATORE	t) view the body	y offer deofh.		DEGREE			22c DATE		
		March				ATTENDING .	MEDICAL STA	FF CIAN []	110	0 87	
HOSPITAL ned by th FUNERAL uid be det of the Store		224 PHYSICIAN S NAME (TYPE C	OR PRINT)			22e ADDRESS	. 4	0	.4.		
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Of Odra #	73e	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.1	VAME OF C	EMETERY OR CREMATORY	23d LOCATION				
BP		(SPECIFY)					CITY OR TOWN	01 101	A MA O O	es Calif.	
	24. F	uneral director -		,	-	oss Cemetery	TE REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	TURE	
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME Franc	cus J.	Collins	Jr.		1 0 1007 1.	ie Divide	.6.		
(4004 13, 4)	51	10 University B	lud. We	st. Silve	r Spr	ing, Md. JAN	T 3 1301 8.	And and			



042658 FEB	13	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /	0 2	5 1 4
oge 3 deorth	(TYPE	OR PRINT) NAME OR PRINT) NA	1 C I.	New NEALE		1 30	87 10 P. M
oge 4 mo	1.56	Female.	white	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS MIN.
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WERAL OF THE STORY		22d. PHYSICIAN'S NAME LIVE O	hada.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI	an 🗆 Ja	an. 30, 1987
O HOSE		Edward J. R	ichards, MD	10301 Georgi	a Ave., Silv	er Spring	g, Md.
BP	23a l	SURIAL, CREMATION, REMOVAL SPECIBULIAL		NAME OF CEMETERY OR CREMATORY Clington National	Ar lingto	n county	Virginia

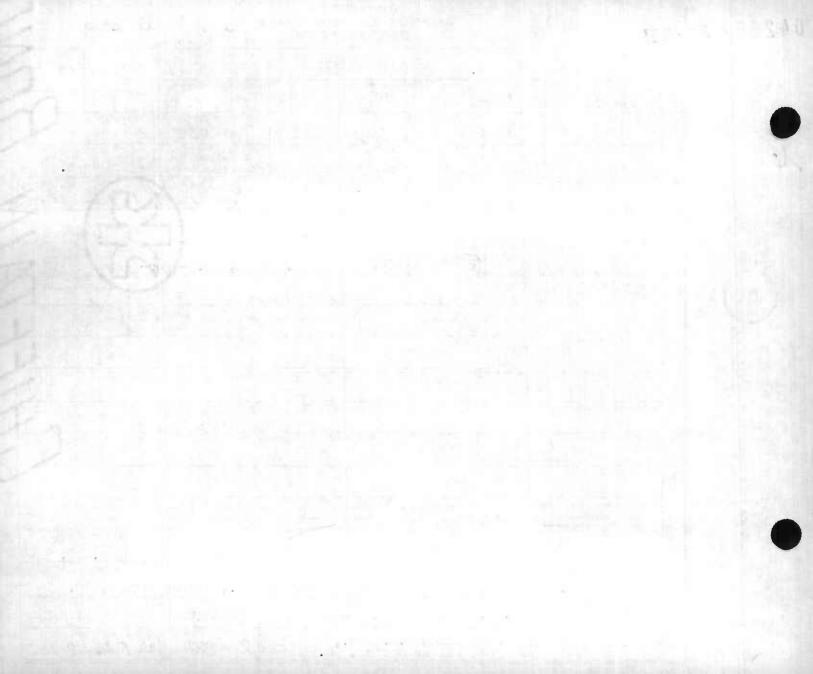
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERALDIRECTOR Hines Rinaldi Funeral Home

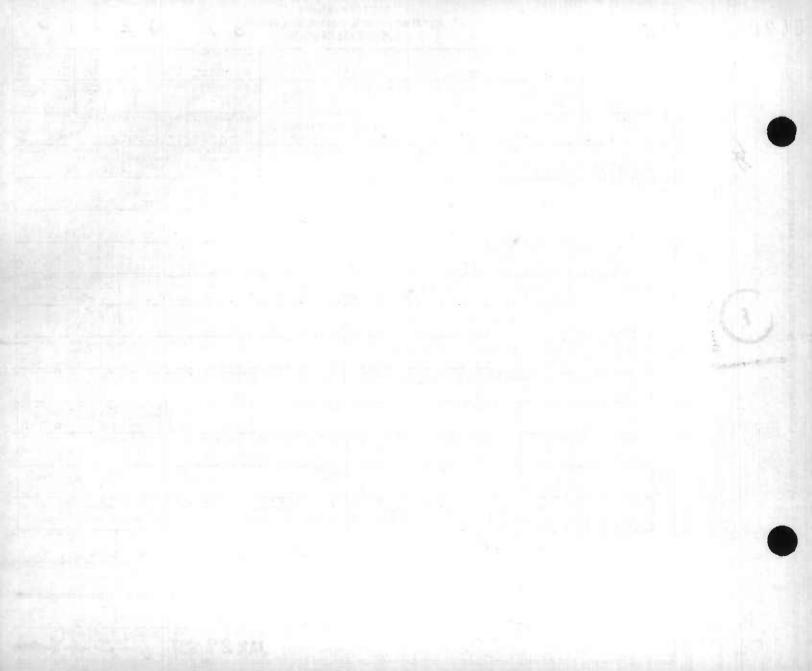
11800 N.H. Ave., Silver Spring, Md.

1987

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 2 1987 Julia Decider 1 Julia Davidson Randall



42080 JAN 2	9 8	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTA ICATE OF DEATH		REG. NO.	0 2	3	1 3	
		CEASED NAME	FIRST		MIDDLE	l	AST	20	DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR	
e o e o e	(TYPE	OR PRINT)	aren	Ма	rie	Nei	never		January 20,	1987		9:00 P	
may be . page	3 SE			4 RACE		5. DATE C	F BIRTH	6.	AGE (IN YEARS LAST BIRTHD.	AY) IF U	INDER I YEAR	IF UNDER 24 HRS	
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الم		Rockville	-14	l Templar Court					Housewife		Own h	ome	
hour hour dibe	USU.	AL RESIDENCE (# NURSI	136 COUN	OTHER INSTITUTION	131. CITY OR T	OWN	134. INSIDE CITY LIM	AITS? 13	STREET ADDRESS / Z				
AN Fill house			Monto	omery	Rockvi	lle	YES K NO		L Templar Co	ourt	/ 208	351	
ARYL Pletel	14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID FIRST	DENNAME	WIDDLE		LAS	1	
D de de		Lawrence		Michael	Bene		Mary	У	Flore		На	fner	
MORE ond c Pages		VAS DECEASED EVER (E WAR OR DATES	166 SOCIAL S		17 INFORMANT		ADDRESS	N.S. A.			
be no rs. Pe		No			143-44		David E.	Neime	eyer, Same	as 13		MAYE BUTERIAL	
Manual Paragraphy		PART I. DEATH W.	AS CAUSE	nly one cause per DBY:	211		fee By		1 1		BETWEEN	MATE INTERVAL ONSET AND DEATH	
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TTER Spiro CTON for 19 of H		saw the decease obove, (1) (we) (d	d alive on	ti view the body	afterdeath.	9 8 . or	d that in (my) (aur) a	apinian dea	th occurred an the date	and hour ar	nd from the	causes stated	
OR PORECTOR		226. SIGNATURE -	20	1 1			DEGREE			- 13	22c. DATE	SIGNED	
RAL CALL		0	7/6	tung					MEDICAL STAFF DIRECTOR PHYSICIAL	NON	Janua	ry 21,19	
HOSPI bined b FUNEF buld be th the Si		22d. PHYSICIAN'S NA	ME (TYPE O	OR PRINT)			22e ADDRESS	5401	Western Ave	nue, N	1M	Allow Trail	
TO HOSPITAL retained by the TO FUNERAL should be detownth the State IMPORTANT: H	22- 1	Frederick				12. NIANT OF C			ngton, DC	20015	5		
BP		BURIAL, CREMATION, I		1-24-8			EMETERY OR CREMA		CITY OR TOWN		OUNTY	STATE	
	24 FI	Buria UNERAL DIRECTOR	-				ary's Cemeter	2	Bellmawr,		Jersey		
DHMH - 16 60M 7/84 (VRA 15, 4)		1804 T Str		ard Rapp			20009	JA	N 27 1987	Julia	March	No. of the last	



300 West Montgomery Avenue Rockville, Maryland

Orlin Beridson Railness

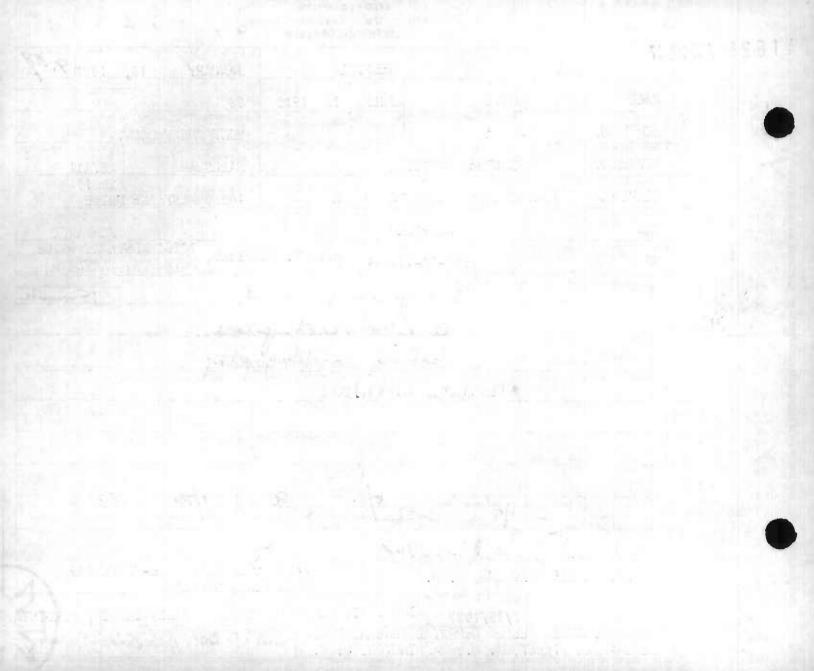
DHMH - 16 60M 7/84

(VRA 15, 4)

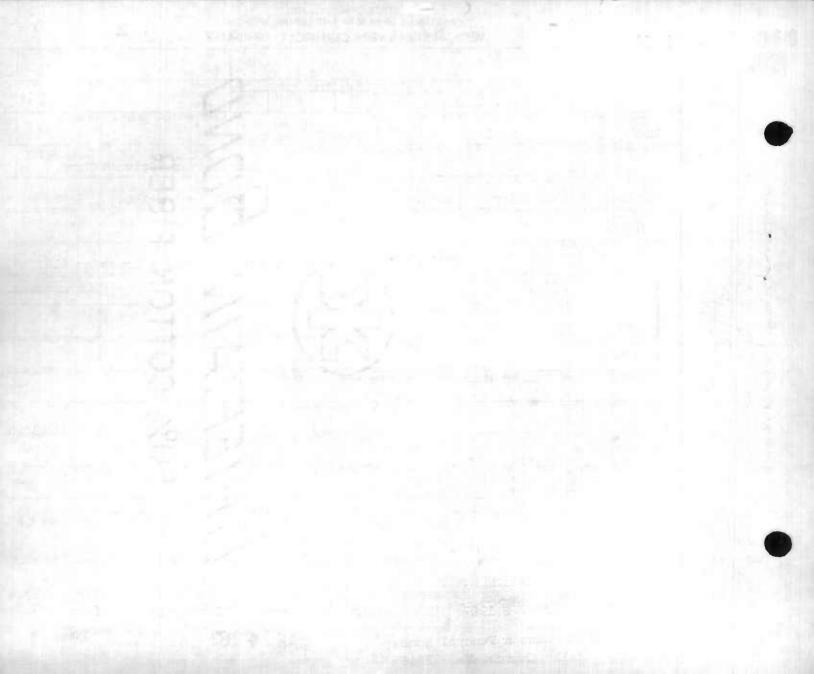
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(VRA 15, 4)

STATE OF MARYLAND



		11	ems, #18	3a,22a,	G-623,	-	STATE OF			VOIENIE					
4 (1878 JAN		STATE REGISTRAR I te	# 16b,F	20/07	DICAL EXA		CERTIFIC		F DEATH	REG.		.5		Ö
	E S.S.S		CEASED NAME PE OR PRINT)	FIRST		WIDDIE	No	rkeyi			ATE KNOWN OF ESTI- ATH MATED		6 15		2b HOUR
	DIRECTOR. OUR FILES. ON STREET,	3. SE F	emale I	Indian O	Aug. 15,	1962 LAST	E (IN YEARS IF U I BIRTHDAY) 24 YRS,	INDER 1 YR.	IF UNDER 2	MIN. PRON	OATE OUNCED DEAD	MONTH	6 1º	987	7d. HOUR 11:30
D	NECESSARY UNREAL DIF S FOR YOU WITHIN 72 V. PRESTON	FC	IRTHPLACE (STATE) PREIGN COUNTRY) India	OR 7	India	IAT COUNTRY?		RIED NE	VER MARRIE DIVORCE	D	Monta	YOR COUN	TY OF DE	ATH	MD
	IF ANY DELAY IS NECESSARY. PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS LECORDS, 201 W. PRESTON STREET.	1	ITY OR TOWN OF I	esda	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital 120 USUAL OCCUPATION (1YPE OF WORK 12 FOR MOST OF WORKING (IFFE) FOR MOST OF WORKING (IFFE) Housekeeper -Private							126 KIND OR II	OF BUS	INESS Y	
.21201	AND 3.	130. 5	AL RESIDENCE (IF IN TATE Maryland	13b COUNTY Montgo		13c. CITY OR TO Bethes	WN	13d INSIDE (NO X	13e STREET AL 5107	Benton	Ave.,	20	180	14
KE, MD.	FTER DEATH. II. FORM PM 3. FORM PM 3. SES I AND 2. SION OF VITAL	Φ-	FATHER'S NAME Dorje Is MOTHER'S MAIDEN NAME MIDDLE									LAS	ST		
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/ITAL RE	CATE SHOULD E WORD "PE THE CHIEF A MENT OF HE TO BURIAL,	TIFICATION	19a DATE OF OP	ERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED?	M				TOPSY?	NO 🗌
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ALT SEE SEE	18 CAUSE OF DEAT	H (Enter only one couse per	line for (a), (b), and	(c)					BETWEEN	MATE INTERVAL
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low low	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH (PERATION W	AS PERFORMED		a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
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	00.00	(100110 1	M. MONTH DA	Y YEAR	THO W HAJORT OR	CCORRED (NIER NATURE OF INA	JRY IN ITEM IS PA	RI I OR PART 2)	
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DIVISION OF ING PHYSICIA Office this certification of the buriol- office the condition of t	WHILE NOT W		REET FACTORY, OFFICE, FA		STREET		CITY OR TO	NWC	COUNTY	STATE
DING or a Afte ofth mark		(this haspital) attended th	e decensed from		10	4.	2	1	9	that (I) (we) last
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HOSPITAL Inded by the FUNERAL Uld be detailed by the Storte ORTANT.	22d. PHYSICIAN'S N	AME (TYPE OR PRINT)		220	ADDRESS					
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T Short Short	23a BURIAL, CREMATION,	REMOVAL 23b. DATE	23c N	AME OF CEME	TERY OR CREMAT	TORY 23	LOCATION			
BP	CREMATIC	ON 1-5-	-87 T.	EE CRE	MATORY	7	WASH . D) C	COUNTY	STATE
DHMH - 16 60M 7/84		-GOLDBERG M					D. BY REGISTRAF	256 REGISTR	me 8	1
(VRA 15, 4)		VILLE PK. F				JAN 7	1987	Galea &	SHOWN K	n Al

The statement of the st ACMS OF THE SECTION SECTION Month growing from the

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENES
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4 35 19		RTHPLACE (STATE OF FOREM	3N 76 C	ITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY C			
1891		York	111	US		WIDOWE	DR OTHER INSTITUTION	Montgo:			
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1 4 44	LINES O	Lney AL RESIDENCE (IF NURSING)	OME OR OTHER		on Nurs		Home	Accountant		Accour	nting
1 11 30	13a S	TATE 13b	COUNTY		13c. CITY OR TOW	'N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		1 D7	20052
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d with		Michael	MIDDLE	E	Nusbaun		Sarah	WIDDLE		Good	
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1 10 1	()	ES, NO OR UNKNOWN) (IF	YES GIVE WAR	OR DATES	215-05-4	631	Hattie Wagne	r. 18201 Ma	mel Ia		
4 04 4 /		18 CAUSE OF DEATH IE	nter anly an	e cause pe			The case magne	-, 10201 12	1401_20		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY		CARDIO	-	IZATORY AT	PEST.			
6 611					R AS A CONSEQU	ENCE OF					
1 411		Canditians, if any, wh	ich ((b)_	DEHYDRATIC		MALNUTRITION	J			
		gave rise to immedicause (a), stating underlying cause li	the j	DUE TO, O	R AS A CONSEOU	ENCE OF					
4 till 10 to			- (SUERIDEA		ESOPHAGEAL	DYS MOTH			
1 646	Z	PART 2 OTHER SIGNIFIC	CANT CONE	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	1
1 1111	CERTIFICATION	19a DATE OF OPERATION	1	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
21110	TIFIC							YES NOT	IN CERTIFYIN	NG CAUSES	OF DEATH?
Z de constante de	CER	210. ACCIDENT WAS UNDERLY		216. TIME C	OF INJURY M MONTH D	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
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Phers the burners of Mary	MEDICAL	21d. INJURY OCCURRED			OF INJURY REET, FACTORY, OFFICE, I	ARM. ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
offe of the orke	5	AT WORK AT WORK									
SND OF STREET	8	22a. I certify that (I) (this saw the deceased a			ne deceased fram_	Fau 87	19 5/	to Jan	19		that (I) (we) last
ATT coupt defe		abave, (I) (we) (did)	did nat vie	w the bady	after death.		nd that in (my) (aur) apinian (Death accurred an the a	are and haur a	22c DATE S	
9 4 G 4 G		17 36	0	MA			ATTENDING	MEDICAL STA	FF _	1-12	
A PER L		22d. PHYSICIAN'S NAME	TYPE OR PRIN	(1)	222		22e ADDRESS	DIRECTOR PHYSIC	IAN	1,	
0 1 2 1 8 6 /		TEN F.	How	IF.	MD		18201 MARD	EN LANE	CINEY	MD.	
54 5413-		URIAL, CREMATION, REM		b DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-0.01		
BP		Burial		-13-1			zid Mem. Garde	Falls Ch	urch. V	irgin	ia
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR DA			LDBERG M	MORIA	L CHAPELS 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATI	URE
(VRA 15, 4)	11	70 Rockville						1 4 1987	Julia Da	nder-Ri	indials

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	1	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	0 2 5	2
040812	JACO	ECEASED NAME	IRST	WIDDLE	L	AST		MONTH DAY YEAR	26 HOUR
y be			ncent Thom	as O'Brie	n			1/2/87	3:15PM
moy po	/ 3 5	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
ors of o	2	M	C			19/25	61	YRS	
heath. ro	5.	BIRTHPLACE (STATE OR FORE COUNTRY) Penna	Th CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.	CITY OR TOWN OF DEATH	II NAME UF	HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE INDUSTRY	OF BUSINESS OR
الله الله الله الله الله الله الله الله	1	Yethesda	Sub	urban Hos	pital		Navy Depar	t. U.S	.Govt.
filled in sold be			HOME PROTHER INSTITUTION B COUNTY	Bethesda	/N	13d INSIDE CITY LIMITS? YES NO	9828 Belha	zip code ven Road	0817
RYL virthir	- 14	FATTER S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		AST
MAI was a sed v	-	Vincent J.O				Helen Ha	lev		
DRE, nd co	1. 160	WAS DECEASED EVER IN	U.S ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	,,
P S O E		yes	WWll-Korea	194-12-6	5481	Teresa M.O'I	Brien (Wife)	same as	# 13
Equires that the deal in signed by the other to burral, are analysis or other trainings.	N C	Conditions, if any, we gave rise to immedicate to stating underlying cause PART 2 OTHER SIGNIF	which diote the lost DUE TO. (dr as a consequ dr as a consequ	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON		n/hs_
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OF VITA SECILAN TIGGIAN TIGGI	7		ISE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART 1 OR PART 2}	
C) CO PHYSION of tending of the bund we and Med or the	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
Aft or Aft		220 I certify that (I) (th	nis haspital) attended t	the deceased fram_	-1/2	. 19 0	1/2	. 19	, that (I) (we) last
ATTEN haspital RECTOR ed for us pt. of He em 21 is		saw the deceased abave, (I) (we) (did	alive an	y after death.	8 67, or	nd that in (my) (aur) apinian	death accurred on the de	ate and have and from th	ne causes stated
the purity of the percept the Dill It. If It.		22b. SIGNATURE	Orla	h		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ //	L/T7
TO HOSPITAL efformed by the TO FUNERAL should be detroid the Store with the Store IMPORTANT.	/	JUE)	Sehula	107		9410 0 1d	Ceorgetin	Ral Both	erds HI
	23	SURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	2	Burial	Jan.	7'1987 Ga	ate of	Heaven Cem.		pring, Maryl	
DHMH - 16 60M 7/84 (VRA 15, 4)	4	evol Funeral	Home 2222	Wisc. Ave	e.NW W		9 1986 Gul	25b. REGISTRAR'S SIGNA	

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(VRA 15, 4)

STATE OF MARYLAND

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SCOS server brive --- F78-50-6970 Richard L. Offutt, engineton, Mo 2009

TOMO'S

J. Flaine Mitagerald 8216 Mis. Ave., Bethesda, MD 20014

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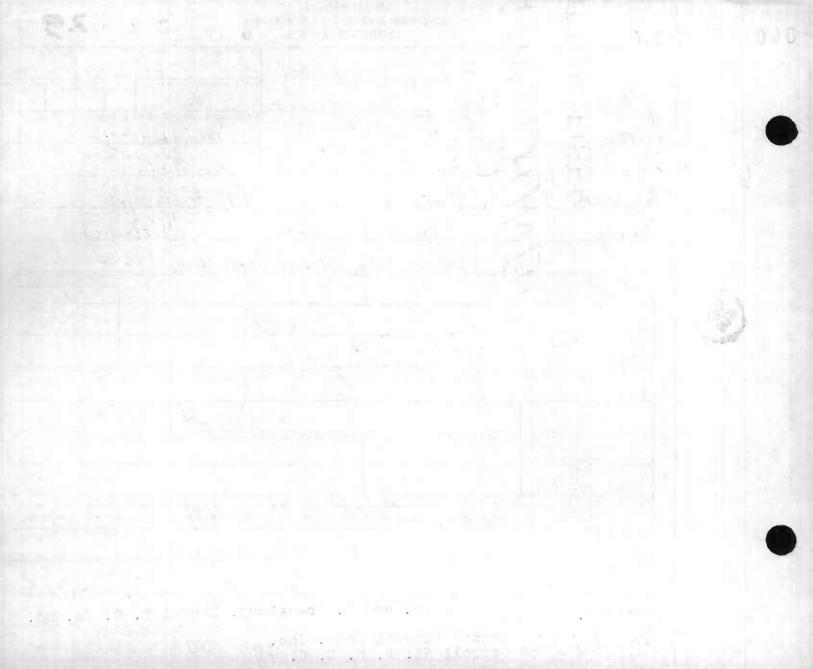
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 07 REGISTRAR REG NO LAST 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTS 2:50 January 27, 1987 O'Neil Louise 4 RACE 5. DATE OF BIRTH 3. SEX A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Feb. 10, 1901 Female White In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery U.S.A. New York DIVORCED | 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Bethesda Nursing & Retire. Center Own Home Chevy Chase ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3727 Jenifer St., NW/2001 13h COUNTY 13d INSIDE CITY LIMITS? Washington.DC 15 MOTHER'S MAIDEN NAME ATHER'S NAME MIDDI MIDDLE Lillian (IInknown) Canfield Charles ADDRESS 14h SOCIAL SECURITY NO 17 INFORMANT 056-24-0865 Hazel McGean, Same address as #13. No 18 CAUSE OF DEATH (Enter only one couse per line for fat, tb), ond ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONSEQUENCE OF Current Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Deplember 220.1 certify that (1) (this hospital attended the deceased from anucky saw the deceased alive an and that in (my) (aux) opinion death occurred an thindals and hour and from the couses stated 77h. SIGNAT Th. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN THE PHY ME IN'S NAME (TYPE OF PRINT) 77e ADDRESS 8218 Wisc. Ave., Bethesda, Md. Blaine Fitzgerald M.D. 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 1/28/87 Mt. Comfort Crematory Alexandria, VA Cremation 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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			T		STATE OF MARYLAND
042	055	JAN		FOR 7 STATE REGISTRAR	CERTIFICATE OF DEATH 8 7 0 2 5 2 3
				CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	9 6	er death	(TYP	OR PRINT DRAH	ELEANOR ONLEY 01 15 87 1212 PM
	You	p	3. SE	X	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4	urs offe		FEMALE	BIACK Oct. 21, 1926 60 YRS. MONTHS DAYS HOURS AIN.
	F. P.	2 2 1/8	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF DEATH
	deo	hin 7	V	VHSh. DIC.	USA WIDOWED DIVORCED MONTCOMERY MD.
-	offer the	led wit	12	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHADY GROVE ADVENTIST (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
72	hours	be fi		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
AND	n 24 h	hould		Nd. No	onty Gaithersburg ves No 53 Timber Rock Rd.
AARYL	d with	dd 2 s	14 F.	ATHER'S NAME FIRST	MIDDLE H COLD IS MOTHER'S MAIDEN NAME
Ä,	cute	200	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
LIMOR	be exe	Poge medic		YES, NOOR YNKNOWN) (IF YES, GIV	517-60-7425 Gloria Hart Bridgeton, N.J.
BALI	1	1		18 CAUSE OF DEATH (Enter or	ly one cause per line for (a), (b), and (c)
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RESI	-	10	ś	Conditions, if any, which gave rise to immediate	(b)
*	to A	Se crem		cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF
201	es th	pleo priot,	113	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trans
ORDS,	requir	Then gur to bu	CERTIFICATION	RANA	L FAILURE CITRONIC
2	W C	S IT O	7 8	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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Sion	PHY	d or	VED	21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
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	HOSPII	the S	1	220. PHYSICIAN'S NAME	RAYMOND 120 ADDRESS 3941 Ferrara Wheaten Ad 20 gor
	TO H	should be			
			230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CITY OR TOWN COUNTY STATE
	BP		_		1-21-87 Mt. Zion Cemetery Sellman, Montg. MD
	DHMH - 16			UNERAL DIRECTOR	246 N. Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VRA	15, 4)	G	eorge R. Snow	vden Rockville, MD 20850 JAN 21 1087

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)		UMERAL DIRECTOR /V	VPACE TO THE	I25- DAT		25b, REGISTRAR'S SIGNATURE
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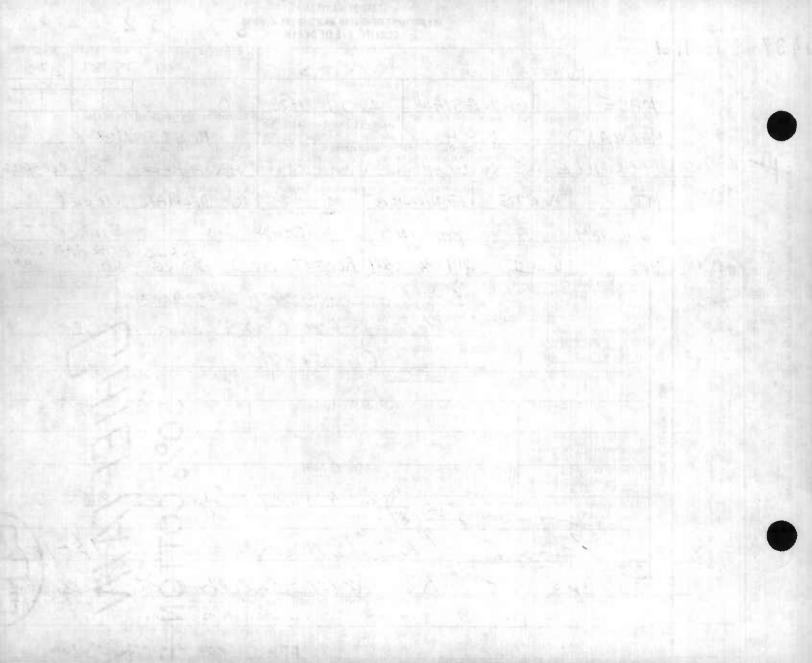


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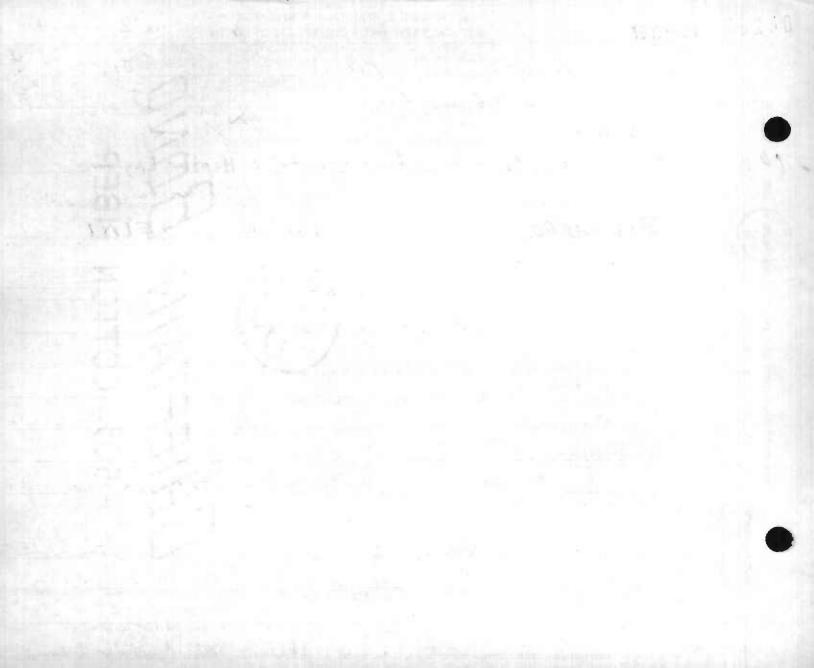
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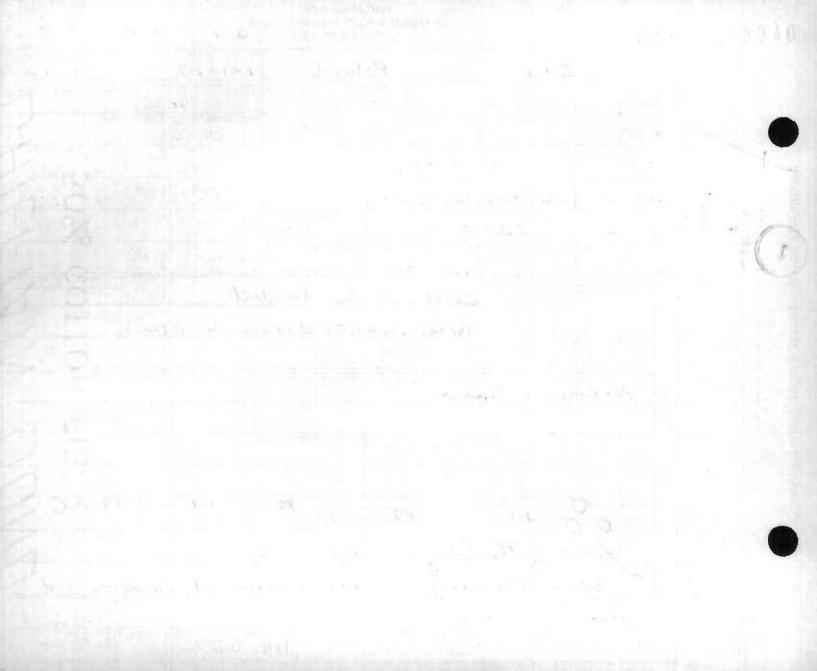
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH IMPECE ASED NAME MONTH 26 HOUR TYPE OR PRINTS Robert 8" 3 SEX 4 RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 5 DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Grove Flour MECHANICA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS DELMAK 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE STERPET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN HE YES, GIVE WAR OR DATEST ES APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for the ond ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this hospital pattended the deceased from Anual 25 10 (87 sow the deceased alive on above, (I) (we) total (did not view the body offer death and that in (my) (our) opinion death actuated on the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DATE SIGNED TTENDING MEDICAL FUNERAL old be dete PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 228, PHYSICIAN'S NAME LITYPE OF PRINTS 22e ADDRESS 0 COUNTY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 3d LOCATION 01/27/87 Cremation Alexandria, Metropolitan Fn. Svc. Va. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Box 86 DHMH - 16 50M 4/82 NAME Hilton Funeral Home ADDRESS Barnesville, Md (VRA 15, 4)



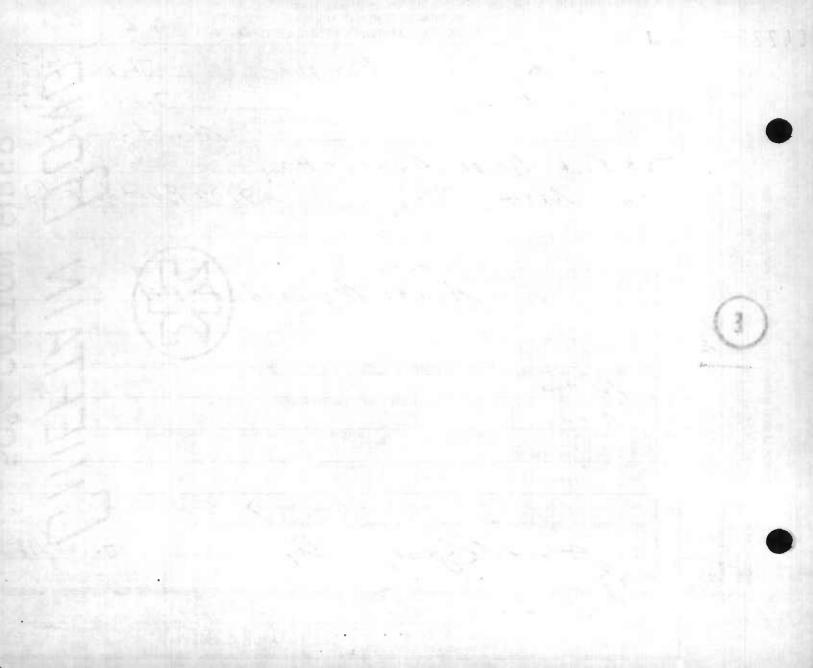
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3	A PAGEN		NO - 379 12 744	Mary Gannett (Sister)	
15	OURS 18. G		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c). PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	WE STAND		TYPE OF PRINT	ADDRESS 1919 Seminary Road	S.S.Md.
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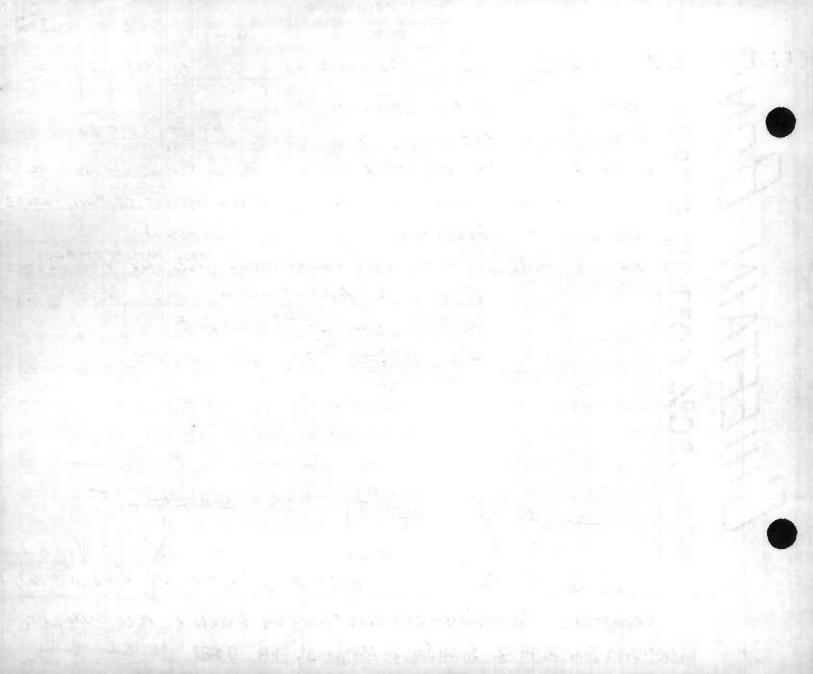
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO DECEASED NAME O DATE KNOWN ADAMO ANTONIO POMPONIO TYPE OR PRINT DEATH MATED 16 AGE (IN Y ARE 2c. DATE LAST BIRTHDAY PRONOUNCED MARRIED NEVER MARRIED OREIGN COUNTRY Italy US A WIDOWED _ DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Engineer retired Designing 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRES 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Giuseppe Pomponio Maria Carafa WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maria P. Pomponio -wife- (same as 13e) 578-54-6889 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion TO FUNERAL DIRECTO AFTER DEATH, WITH THE BANTIMORE, MARYLAI death resulted fram: Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER John S. Rogers, DME EXAMINED'S NAME 1919 Seminary Rd. Silver Spring, Md. (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1-29-1987 Burial Gate of Heaven Cemetery Silver Spring Montgomery Md 07/B4 BP 25M 24 FUNERAL DIRECTOR 11800 N.H. Ave., **DHMH - 17** Hines/Rinaldi Funeral Home Silver Spring, Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH 75 HOUR TYPE OR PRINT! OF ESTI-Vincent INCE SARY, PLEASE INCE AL DIRECTOR. YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET, Thomas Powers 1987 4 RACE S DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7:17 DATE LAST BIRTHDAY) October PRONOUNCED 0,1922 1087 Male White DEAD 64 YRS p. M To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) United States Maine WIDOWED [DIVORCED Montgomery County, FTAIN PAGE JUID BE FILED, W. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 5225 Pooks Hill Road #319 N Bethesda Law Attorney USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5225 Pooks Hill Road 13c. CITY OR TOWN 1136. COUNTY NO X #319 N Bethesda, Maryland 20814 Maryland Montgomery Bethesda 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frank Powers Anne E. Kearns Anne C. Powers 5225 Pooks Hill Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO WW 11 005-16-1120 #319 N Bethesda, Maryland 20814 (Wife) Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ethanolism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION INCATE, WRITING THE WULLER ME
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TORE TO SHOULD 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL THE PLACE OF INJURY INTHOME 214 INJURY OCCURRED H. LOCATION STREET, FACTORY, FAMAL STC. I CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2' 220. I certify that took charge of the remains de their Natural cause 1-22-87 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth M.D. 21201 TYPE OR PRINT) 336 BURIAL, CREMATION, REMOVAL 236 DATE January 236 LOCATION 230 NAME OF CEMETERY OF CREMATORY Gate of Heaven STATE Cemetery Burial BP Silver Spring. .Maryland 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes P. A. DAIL **DHMH - 17** 7557 Wisconsin Avenue Bethesda, Maryland 20814 (VR A15 ME (5))



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			1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0 2	2 5 5 5
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SOI	PHY endi	ō	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM, ETC.)	211 LOCATION STREET		CITY CHETOWN	COUNTY STATE
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	AL AL I	H. H.		NIX	real		M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	102/1/81
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	etained TO FUN should b	MPORTAN		(1).(1).	147	2		16/21 Mu	ONRO	JE RO, 1	KOCKING ALD
an	anan	7 1		URIAL, CREMATION, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCAT		COUNTY STATE
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10	DHMH - 16 60M	7/84	24 FL	INERAL DIRECTOR	-,-	ADDRES		25a. DA	TE REC'D. BY REC	GISTRAR 256 REGISTRA	
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La		STATE OF MARYLAND		
FOR	DEPAR	TMENT OF HEALTH AND MENTAL HYG	IENE O	2 3 3 6
3 b 1 JAN 12 8 REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	
DECEASED NAME	FIRST MIDDLE	O ^{AST} ,	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
TYPE OR PRINT	onald E.	Price		5 87 7:00 PM
5 3 SEX M	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
5 SEX MALE	NAITE	ANG. 12 1926	60 YRS	
70 BIRTHPLACE (STA	TE OR FOREIGN 76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUN	TY OF DEATH
3) VIRGINIA	u.s.A.	WIDOWED DIVORCED	MONTGOI	MELY MD.
10 CITY OR TOWN OF	F DEATH 11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION [Type of work for most of working	126 KIND OF BUSINESS OR INDUSTRY
& TAKOMO	ARK Wash Adven	not Hosp.	KEFRIGERATION EN	
ISO STATE	F NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13e.STREET ADDRESS / ZIP CO	DE - 170-
DO MO	PR. GEV. HYATTS	VILLE YES NO [5304 41 st. Pa	4CE 20/82
14 FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
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160 WAS DECEASED I	EVER IN U.S. ARMED FORCES? 16b SOCIAL SE	/	ADDRESS	1 - 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() (E)	3//30	3829 MRS MELANIE	YOUNG 8346	IMPERIX DRIENE
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S 21a. ACCIDENT W	AS UNDERLYING 216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IT	
OR CONTRACTOR	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR		
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WHITE N	AT HOME STREET, FACTORY, OFFICE	E. FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
0	of (1) (this hospital) attended the deceased from	12125 1986	10 1-5	19.87 that (I) (we) lost
saw the de	eceased plive on19		death accurred on the date and h	
22b. SIGNATUR	we) (did) (did not) view the body ofter deoth.	DEGREE		226 DATE SIGNED
	I oh Charles	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	117/86
220 PHYSICIAN	'S NAME (THE OR PRINT)	220 ADDRESS 7610		
220 PHYSICIAN PICHA	ARD M. CHASEN, MIC	TACO		RYLAND
230 BURIAL, CREMAT		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
SPECIER	el 24.9.1987 V	Caryland Vitirans Cimu	was chelten ha	COUNTY THE
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August 1985 and 1985 MANAGED TO THE STATE OF THE STA THE PARTY OF THE P

STATE OF MARYLAND

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M.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH Jan. AGE (IN YEARS LAST BIRTHDAY) JE LINDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH INDUSTRY Owner Restaurant 13e STREET ADDRESS / ZIP CODE 11828 Farmland Dr./20852 MIDDLE Sklerakis

4 RACE 5. DATE OF BIRTH 3 SEX White Sept. 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED | NEVER MARRIED | COUNTRY Greece U.S.A. WIDOWEDIX DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CROSS 13g. STATE 113d INSIDE CITY LIMITS? Rockville MD Montgomery NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Matthew Protos James Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-01-8851 Mary N. Hantzes, Same address as #13. No 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital)/offended the deceased from sow the deceosed alive on 3 obove, (I) (we) (did) (did not view the body ofter death. and that (n (my) (our) opinion death occurred on the date and hour and from the causes stated 77h. SIGNATURE DEGREE 27 DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 77e ADDRESS 23a BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY

MPORTANT

ld b

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

(TYPE OR PRINT)

JAMES

2/2/87

Gate of Heaven Cem.

23d LOCATION

Silver Spring, MD

STATE

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016 PALE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ed An _ A. B. U 40881 ರೆಗಳಗಳ ಕೆಕ್ಕಳ THE REPORT OF THE PARTY OF THE Carlotte on the Color allivion material abiane [48] and one senio veribbe SV3-01-0851 Mary V. Mantesa, Sero address as 03. AT PARK BURNEY COMMENT

Huriel 3/2/89 Date of Heaves Des. Silver Spring, MD Joseph Cowler's Donn, Drc. 5130 Highway No. 5130 Highway

YRS 126 KIND OF BUSINESS OR INDUSTRY Garment Ind. Darrigo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes vears

IF UNDER 1 YEAR

DAYS

2b. HOUR

COUNTY

STATE

NO F

____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEALTH,

60 years

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

St. John's Cemetery 31 Jan 87 Burial 24 FUNERAL DIRECTOR

23b. DATE

Middle Village, New York

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- STATE

Capitol Funeral Service, Falls Church, VA

23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

The York and the fill the state of the state Cantied in and Section . This is exact a line of the control of th

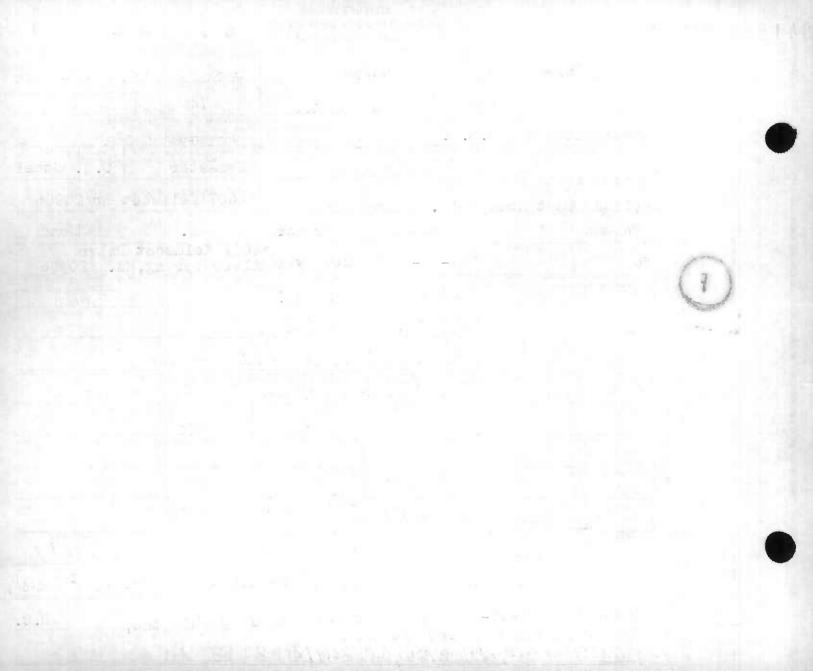
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH Charles MIDDLE Quigg MONTH DECEASED NAME H. TTYPE OR PRINTS Jan. 18, 1987 10:00P Charles V11100 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX YEAR 18 Male Caucasian Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED Montgomery New Jersey U.S.A. WIDOWED DIVORCED [120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Construct. Construction Eng Circle Manor Nursing Home Kensington USUAL RESIDENCE (IF NURSING 13b. COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 6017 Kingsfort Ct./20817 Montgomery Bethesda MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Hunter Marguerite Quigg Charles H. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Jacqueline S. Quigg, Same address as #13. 579-12-0312 Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for to), (b), and to PART I DEATH WAS CAUSED BY Cardiorespiratory arrest immed. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Lung mestastases Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 4 1/2 yrs. underlying couse last. Rectal cancer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL NO IT 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 6/20/85 22a.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on 22c DATE SIGNED 22b. SIGMATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 1/21/87 FUNERAL 22e ADDRESS 22d PHYSICIAN'S NAME ITYPE OF PRINTS ld b 5454 Wisconsin Ave, Chevy Chase, MD Aron Primack shoul with 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIEVI Burial STATE Brentwood, MD Ft. Lincoln Cemetery 1/28/87 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 60M 7/84 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) Thomas Ralph JANUARY 18, 1987 4 RACE 5 DATE OF BIRTH IF UNDER TYEAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY Whi te MALE MARCH 20, 1912 To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWEDY DIVORCED MONTGOMERY COUNTY 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Paymaster Steel OLNEY MONTGOMERY GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 14607 Keimscot Dr/20906 YES TO NO Maryland Montgomery Spring IL FATHER'S NAME MIDDLE Thomas Renshaw Frances Peters 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 14607 Kermscot Drive LIE YES GIVE WAR OR DATEST 203-16-8320 Ruth Myer/Silver Spring, Md. 20906 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and PART I. DEATH WAS CAUSED BY Cardiopulmonan min IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF consistive Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION FIVEN IN PART 1:0 obstand me 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE AL WORK NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (aur) apinian death occurred on the date and havi and from the causes stated above, (1) (did not) view the body after death 22b. SIGN ATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TY DIRECTOR PHYSICIAN 22e ADDRESS should be IMPORT 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION ISPER'emoval COUNTY 1-18-87 Geo Wash Med School Washington 24 FUNERAL DIRECTOCOLUMBIA MORTUARY SERVICES 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 25 MISSOURI AVE, NIL

(VRA 15, 4)

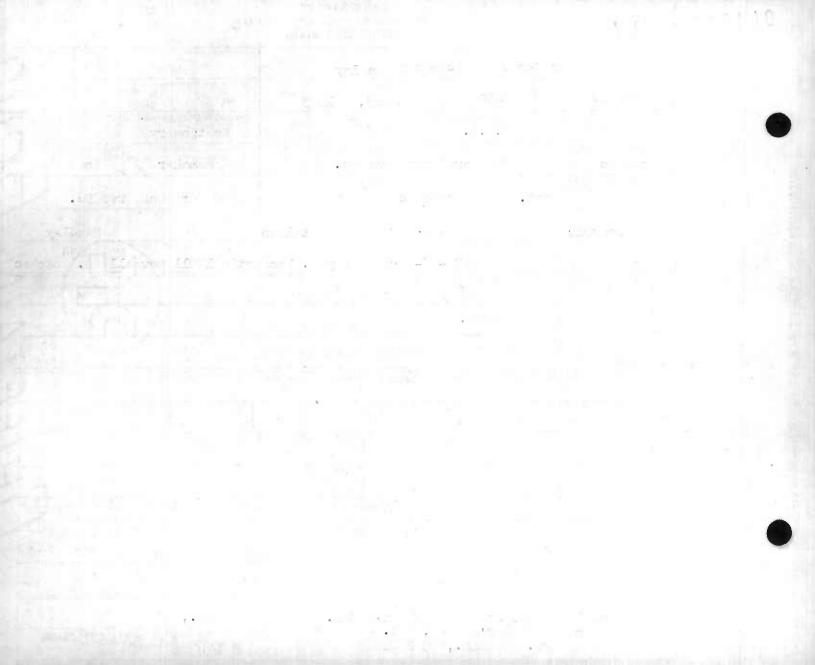
STATE OF MARYLAND



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	oy b	offer death	3. SE	Jonatha	an Page	Ramey 5. Date of Birth	January 16, 19	87 9:35PMM IF UNDER 1 YEAR IF UNDER 24 HRS
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	900	ours		le	caucasian	January 6, 1987	YRS.	10
	ŧ.	7 C 2 ho		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Montgomery County	
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	ofter	of the			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4 h	16 1	13a S	vland Monts	NTY 130 CITY OR TOW		13e STREET ADDRESS / ZIP CODE	1000=0
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X.	ched	3 100	12	VAS DECEASED EVER IN U.S. AR	derson Ramey		ADDRESS	Fiocca
ORI	e x e	Poges	1	YES, NO OR UNKNOWN) (IF YES, GA	/E WAR OR DATES)			
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COR	ĕ	y or T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED
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	TEN TO	OR OF US		sow the deceased alive on	1/16 19	87 , and that in (my) (our) opinion	death occurred on the date and hour	
	A AT hosp	DIRECT oched for Dept. of If Item 2		above, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death	DEGREE		22c. DATE SIGNED
	the the	toche e Dep		Georgii (Kesale mis	ATTENDING	MEDICAL STAFF	1/20/87
	PITA	old be dete	1	224 PHYSICIAN'S NAME LTYPE	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	172707
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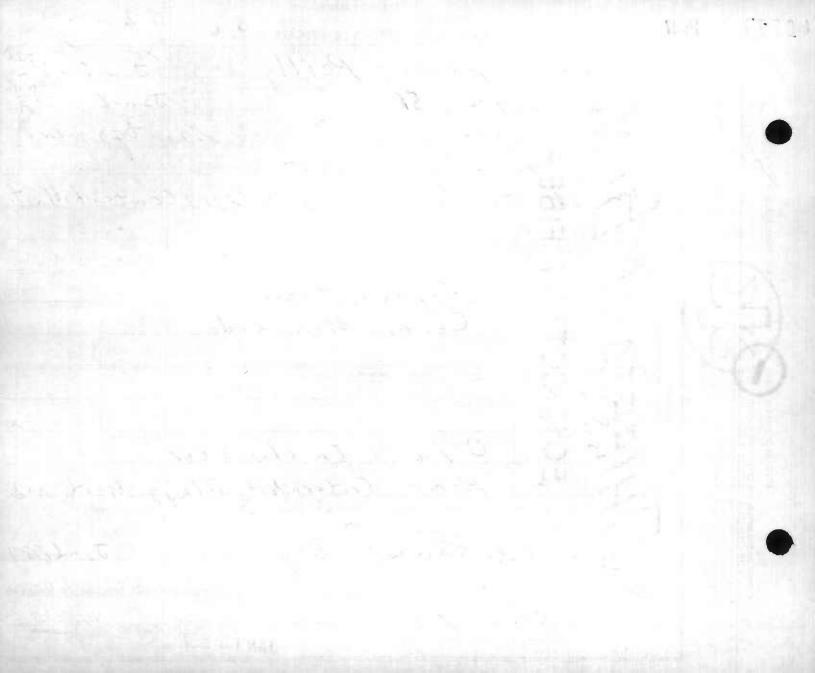
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or, p	3. SE	Female	4	RACE White		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN	
and a land						Jan3	, 1903	84 yr			
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medicol	160 V	AS DECEASED EVER IN	U.S. ARM	ED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS			
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oval.		18 CAUSE OF DEATH	(Enter only	ane cause per	line for (a), (b), and	(c),)	0		BETWEEN	LONSET AND DEATH	
removo event,			MMEDIATE		HSPIRA	Tran	NEUMO	WITIS	4	DAYS	
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Then please remake to or to buriel, cremation, a rinjury, or at the free med		Canditians, if any, gave rise to imme	ediate	(b)			TICIVITY CO, A				
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wento!	SAL	OR CONTRIBUTING CA			M. MONTH DA M.	Y YEAR					
4	MEDICAL CERTIFICATION	21d. INJURY OCCURRE	D	21e. PLACE			21f. LOCATION STREET	CITY OR TOWN	COUNTY	CTATE	
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1. of		saw the deceased abave (1) twe) (die	did nat	view the bady	after death.			death occurred on the date and t	naur and from the	couses stated	
Dept.		22b. SIGNATURE	P)			DEGREE ATTENDING _	MEDICAL STAFF		SIGNED	
Page 4		22d. PHYSICIAN'S NAM			selmi)	PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	-/ A	~ 7-87	
with the State		CHARL	LES 1	P. Du			,	JEWMEXICO.	AUE NI	of De	
	23a. B	URIAL, CREMATION, RI	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
_	24 E:	Burial NERAL DIRECTOR OS	anh	/10/87			Cem.	Wash., DC			
A 7/73 ())	24 FU	NAME 5130 WI	Ave.	NW Wa	sh. ADDRESS 2	0016	ZSO. DATE	REC'D. BY REGISTRAR TO REG	Deorges Signif	WRIARD.	
	-						LIAN	14 1001 4	-		



STATE OF MARYLAND FOR - STATE REGISTRAR L DECEASED NAME 20 DATE KNOWN OF PRINT DEATH MATED. 4. RACE 2c. DATE LAST BIRTHDAY PRONOUNCED HOURS DEAD 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED WIDOWED SERARATED DE II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL RESIDENCE HE IN NURSING 3a STATE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) MO. MARGARET SCHAAL SILVER SPRING CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate (b)_ cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN DIVISION OF VITAL RECORD CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD BE UDEPARTMENT CONTROL TO BOR YES | 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED TE PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY Inspection De 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion PAGE 4 SHOULD BE TO FUNERAL DIRECTOR
AFTER DEATH, WITH TI
BALLIMORE, MARYLAI Natural couses death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINERS NAME John S. Rovers Seminary (TYPE OR PRINT) 73a.BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR STATE 07/84 BP 25M REGISTRARY SIGNATURE **DHMH - 17** W. D. (VR A15 ME (5))

Tury 5 1982 64 FEMILIANAM C'S A NOTER SASSIBILIAN THE SASSIBILIAN MALTH KELLER TEASHER CHERTHA MAE SECRETARING AND SECRETARING AND SECRETARING AND SECRETARING AND SECRETARING AND SECRETARIAN S

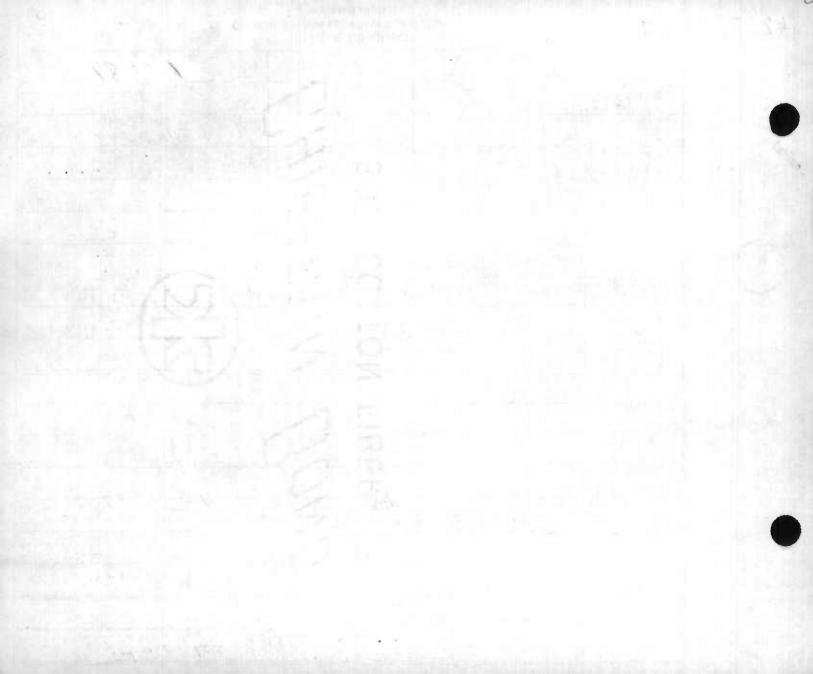
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE JAN 18 37 FOR 40577 MEDICAL EXAMINER'S CE REGISTRAR REG. NO . DECEASED NAME OF ESTI-(TYPE OR PRINT) 19 87 Jinc 4 RACE DATE OF M R 24 HRS DATE LAST SUTHIDAY PRONOUNCED 51 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR MARRIED 12 IEVER MARRIED Conn. U.S.A. DIVORCED X WIDOWED ID. CITY OR TOWN OF DEATH Wheaton Centerhill Street echnical Writer Bur. of Stand-CITY OR TOW 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Wheaton YES _ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Reilly Grace Francis Elva Sear 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 106-28-7604 Grace E. Reilly mother no same as #13 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HOULD BE US ARTMENT OF YOR TO BURN YES [NO DO 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING ANOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 1AT HOME AT WORK AT WORK 6 mil 220. I certify that I took charge af the remains described above, held an and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAT death resulted from: Natural causes Accident Homicide Undetermined monner TITLE_(SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER NAME John S. Rogers, MD 1919 Seminary Rd., Silver Spring, ADDRESS. 23a BURIAL, CREMATION, REMOVAL Cremation Jan. 6, 1987 Metropolitan Crematory Alexandria Virginia 07/84 BP. 25AA JAN 1 2 1987 Francis J. Collins, Jr. **DHMH** - 17 (VR A15 ME (5)) University Blud, West, Silver Spring.



Silver Spring, Md.

(VRA 15, 4)

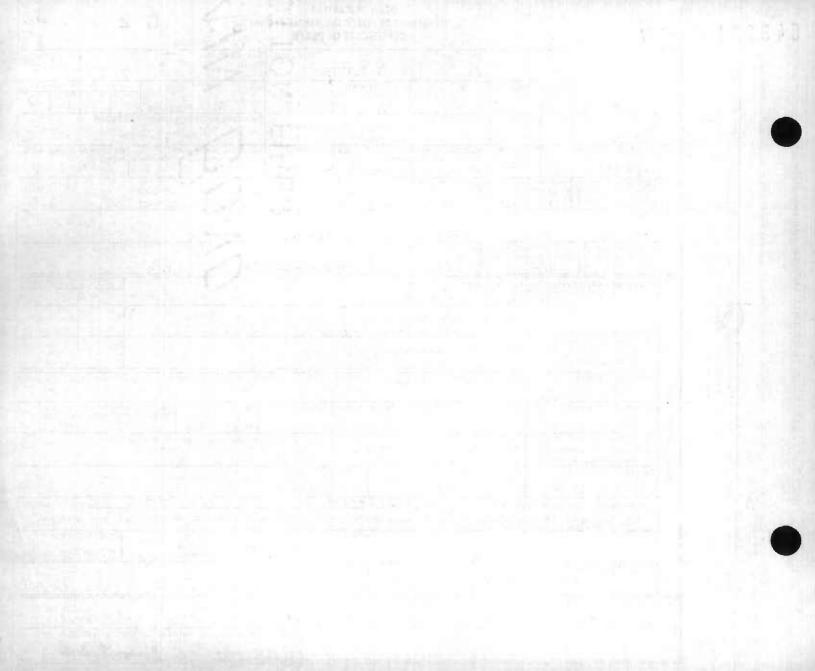
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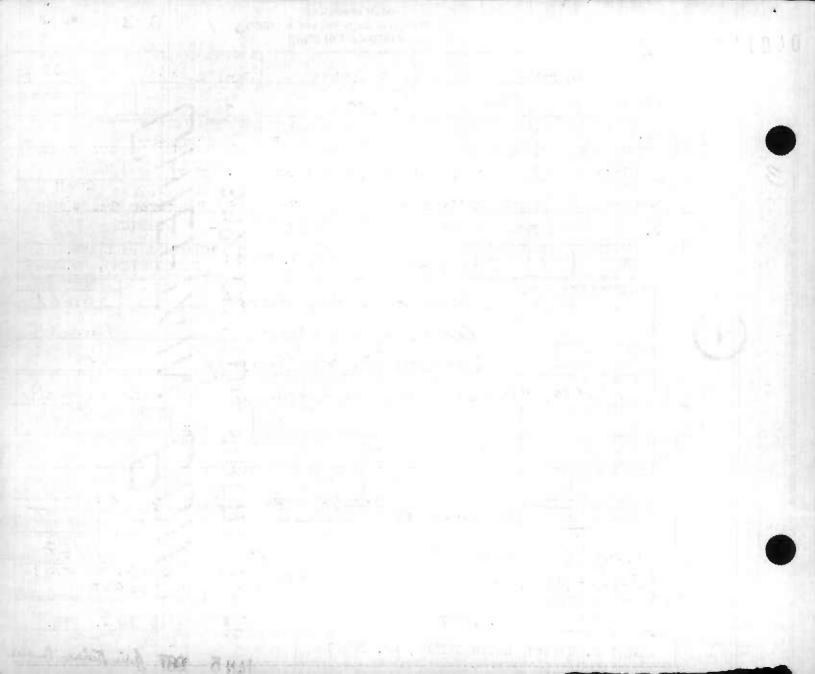


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINTS Riley Mary Jan. 16, 1987 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR White April 4, 1915 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR EOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. England Montgomery WIDOWEDTX DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rethesda Carriage Hill N.H. - Bethesda Homemaker Home ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN Bethesda 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD Mont 5108 Brookway Dr. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Watson Esther Marshall (Unknown) Mary L. Riley 1807 Forest Glen Rd. 20910 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-62-7322 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Hepatic Coma 2 Weeks IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF Cerebral Thrombosis, Multiple 2 Months Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse Carcinoma, Lung Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE I AT HOME, STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE Jan 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Jan. 2. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 276 SIGNATURE DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1.16.87 G. H MPORTANT 27d. PHYSICIAN'S NAME ITYPE OR PANT 22e ADDRESS ld b 5401 Western Ave. NW Wash., DC 20015 Philip R. James, M.D. Shoul with 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Burial STATE Washington, DC OUNTY 1/20/87 Glenwood Cem. Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 WI Ave. NW Wash. DC 20016 (VRA 15, 4)

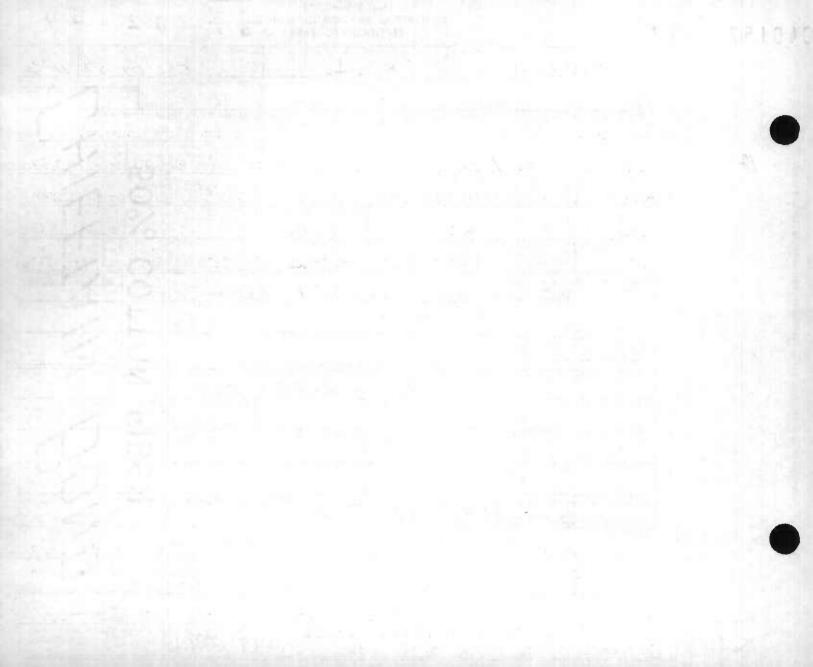
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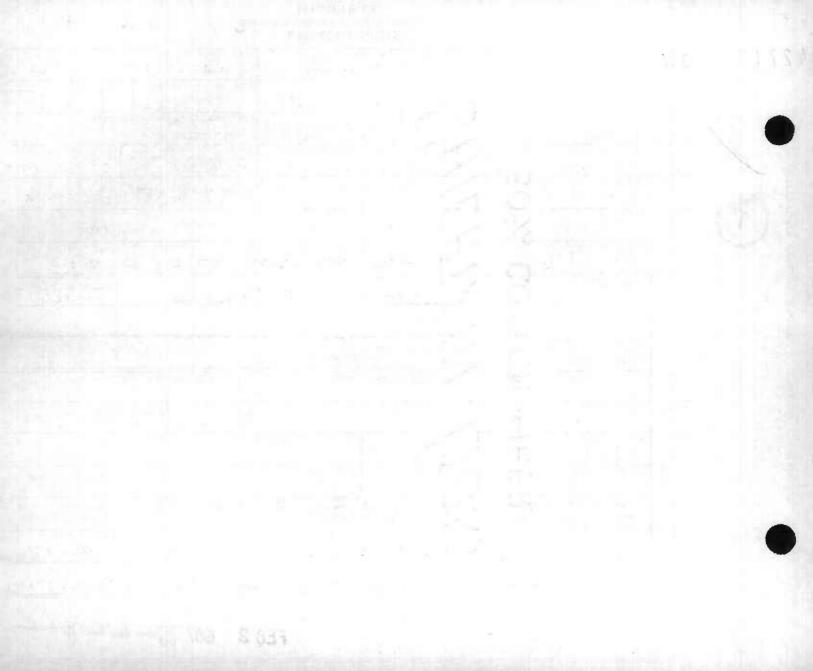
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offer of the followith the fol	110°C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		YZE KIND OF	BUSINESSOR		
		Rockville /	Shady Grov	e Advent	ist Hospita			N/A	A		
din bou	13a	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE TY 13c. CITY OF		1138 INSIDE CITY LIMIT	S? 13e STREET ADDRESS	/ 7IP CODE	21	20-5-7		
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Syl Set The State of the State	14. F.	ATHER'S NAME	AIDDLE LAS		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST			
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d co		WAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDR					
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STO I		Conditions, if ony, which		maturE	Delivery						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICLAN The name range that the depth centimore be executed within 24 hours offending physician been ranged by the out-dimension and completely filled in by as the burnest range training that the price of the centimore is the price of the centimore is the price of the centimore is the centimore the		underlying couse lost.	(c)	SEOUENCE OF							
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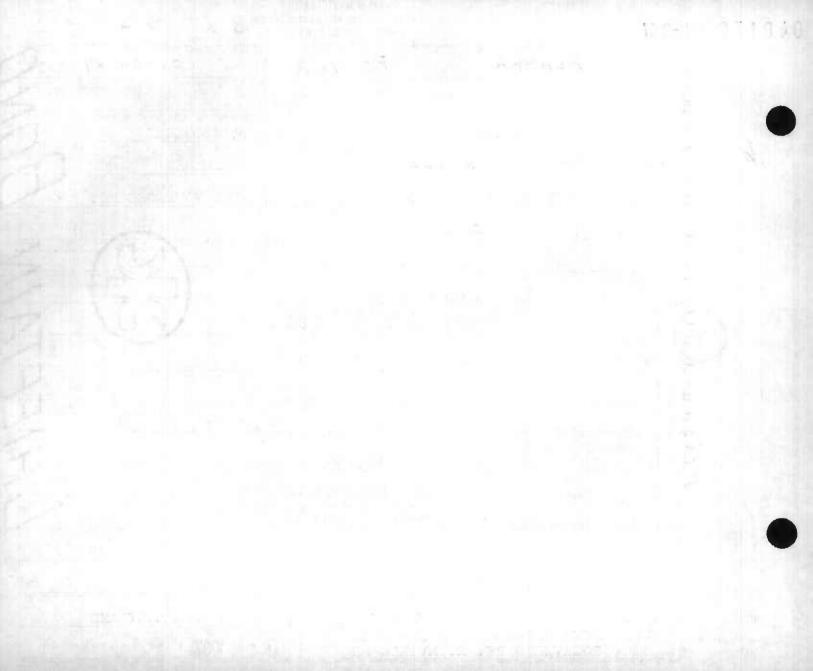
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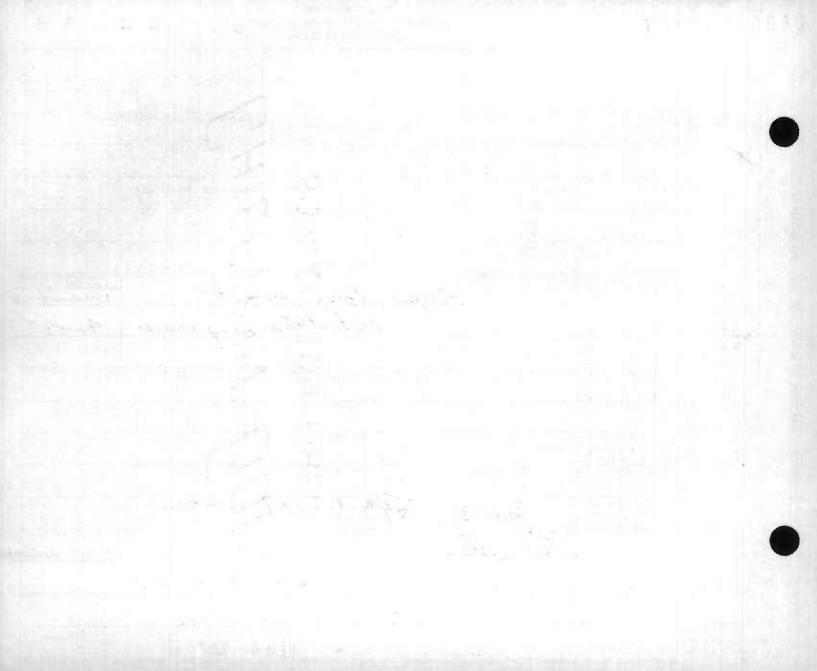


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ō	Page Page	- 1	(YES, NO OR UNKNOWN) IIF YES, GIVE WAROR DATES)	
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3096 FEB	5.	FOR STATE REGISTRAR			DEPARTA	LENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 7	0 2	2 3	5 5
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	3 SEX		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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STATE OF MARYLAND

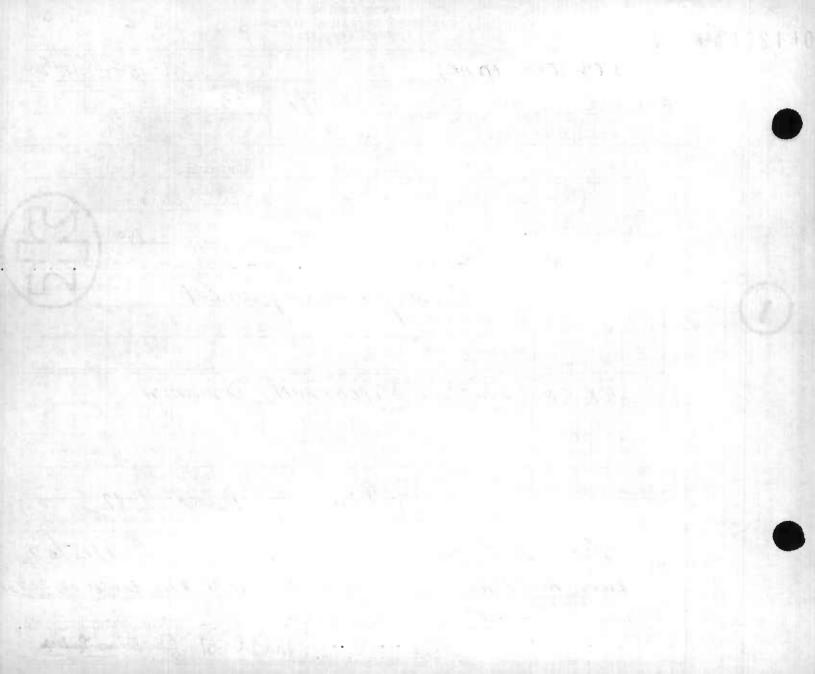
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) MARY CONNALLY ROYSTER 157 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS FEMALE WHITE 92 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina USA WIDOWEDX DIVORCED [Montgomery IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Fairland Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Housewife own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION lary land 136 COUNTY Silver Spring 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery 907 Hollywood Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Connally Thomas Dora Ferguson 17 INFORMANT (granddaughter) RESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 20904 (IF YE NEW AR OR OATES) 577-28-5151 Sylvia R. Yost- 14653 Woonsockett Dr. S.S. Md. BETWEEN CONSETT AND ORATH 18 CAUSE OF DEATH (Enter only one couse per line for part I, DEATH WAS CAUSED BY: rulmonder anest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH LIF EITHER NOTHY MEDICAL EXAMINER MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE T 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LEVE OF PRINT 22e ADDRESS CASAS 14201 LAUREZ PK DR. #721 LUIS 230 BURIAL CREMATION, REMOVAL Burial 1 - 19 - 1987Colesville Cemetery Silver Spring Montgomery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Rinaldi Funeral Home

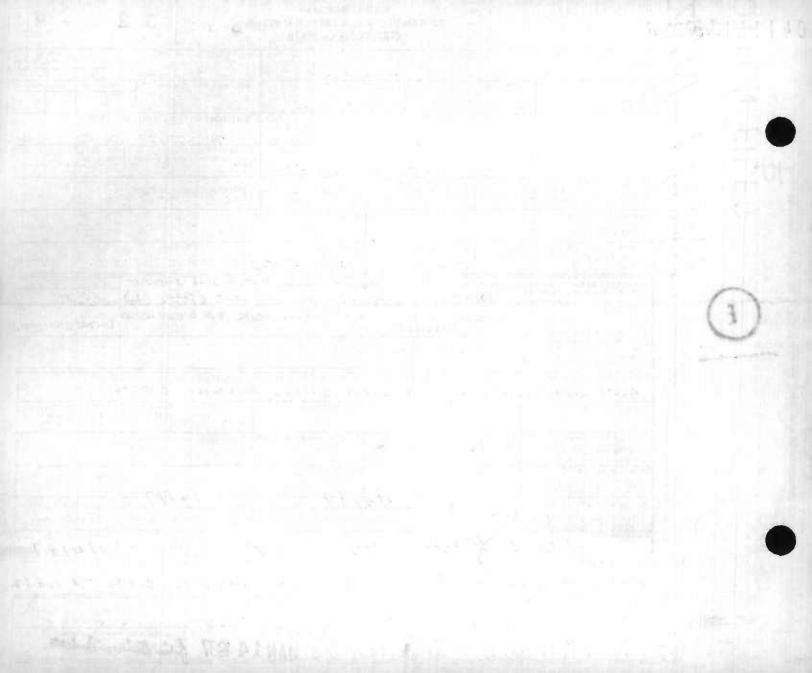
14800 N.H. Ave.. Silver Spring, Md.



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tely ish	2 sh	14. E/	ATHER'S NAME			- 35 7 1	15. MOTHER'S MAIDEN NA				
w b	551)	MICHAEL	J	KAPUTA		MARY	WIDDLE		LAZOR	
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TIMI on the	The state of		18 CAUSE OF DEATH (Enter	only one couse pe	er line far (a), (b), and	dici Po	RISCE MASSIVE "	YOURDIAL I	WFARCE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
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A 8 A	0 - 6		underlying cause lost.	(c)							
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00	110	CERTIFICATION	190 DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?	
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A A A A A A A A A A A A A A A A A A A	0 1 8 7	ä	21a. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PAR	IT I OR PART 2)	
6 54	11 19	₹	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19 19					
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A SO	a dia m		27a L certify that (I) (this ha	spital) attended ti	he deceased from_	1/9	187 19		187 11	9, that (I) (we)	last
10 00	7 0 0		saw the deceased alive abave, (I) (we) (did) (d/d)	on 1/4	18_19_	, ar	d that in (my) (our) opinion	deoth occurred on the d	ote and have	and from the causes stated	d
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN I. DECEASED NAME LTYPE OR PRINT! OF ESTI-Sidney 1019 87 4. RACE 2d HOUR A. AGE (IN YEARS DATE LAST BIRTHDAY RONOUNCED 5:40F DEAD Caucasian TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, D.C. U.S.A. DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Analyst Department Silver Spring Holy Cross Hospital Commerce AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS POAd 13b. COUNTY 13c. CITY OR TOWN 20910 Maruland Montgomery 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Easter Rumsou ADDRESS 344-30-5075 Loraine Lincoln Rumsey wife same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforating quishot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 Chronic obstructive pulmonary disease 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXXXMONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 10 1987 self inflicted 21E LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 9105 Crosby Rd. home Silver Spring, Mont, 220. I certify that I taok charge of the remains described above, held an Suicide X death resulted fram a Natural causes Accident Hamicide TITLE (SPECIFY) ACTUAL DATE 1/11/87 Deputy ChiefDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY Cremation Jan. 12, 1987 | Metropolitan Crematory | Alexandria Virginia 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blud. West, Silver Spring, Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

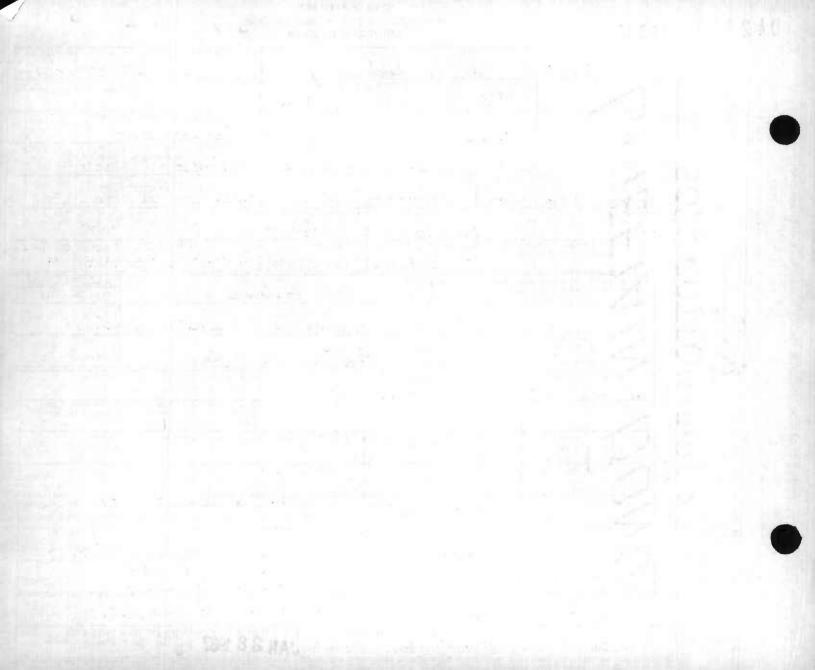
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pould be	13a	Md Mont	other institution give residence before TY 13¢ City or town gomery Wheaton		YES X NO	130 STREET ADDRESS / ZIP CODE 12121 Dalewood I	
ompletel ond 2 s	1	ATHER'S NAME FIRST George	Russell		IS MOTHER'S MAIDEN NAME FLORENCE	M NDD L€	Della
S. Poges		WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) Yes WW	MED FORCES? 166 SOCIAL SECU WAR OR DATES! 579-10-		Margarette P	27°South Cl urdy Keyser, WV	
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entol Hyg	CAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	Special form	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
h ond M	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F.	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
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should be with the S		224 PHYSICIAN'S NAME (TYPE OF	RLES A. JUR		30x 262-	C PRINCE F	REDERICK M
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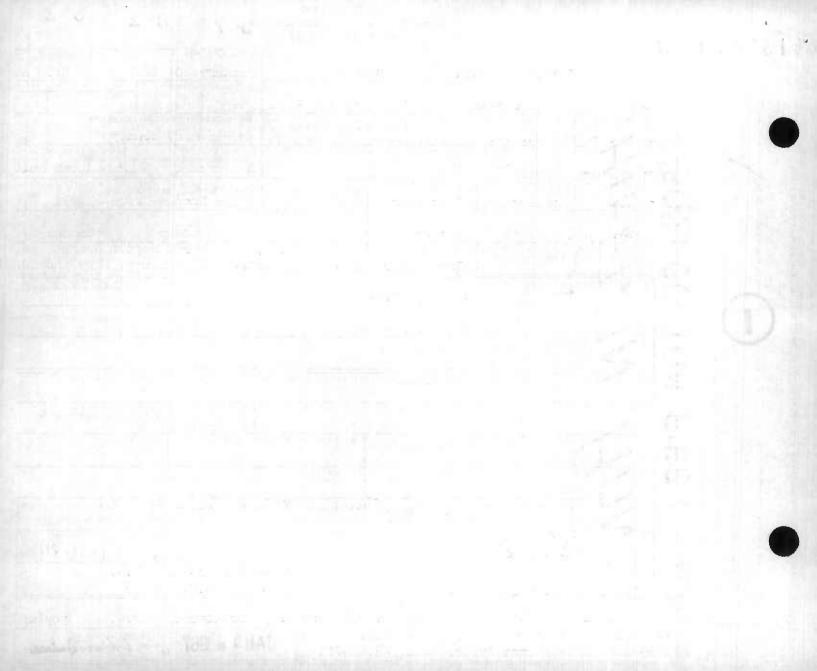
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87-0256/ DEPARTMENT OF HEAL AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE KNOWN TO (TYPE OF PRINT) ESTI-D THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
E FILED, WITHIN 72 HOURS
S, 201 W. CHESTON STREET, VACO B 0 DEATH MATED 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS 76 CITIZEN OF WHAT BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA USSIA WIDOWED [CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY ECONOMIS 13e STREET ADDRESS MENTEMETE 0324 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BASIL ELIZABETH UNKNOWN DOWSKY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which OBSTRUCTION gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last ED AS A BUILLE HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION USED / OF HE/ JRIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO I 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED The PLACE OF INJURY 21 LOCATION AT WORK AT MA 100M 220 I certify that I taak charge of the remains described above, helden Autopsy Inspection and in my apinian Hamicide Undetermined manner DATE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL TIL DATE 23d LOCATION COUNTY Burial St. Vladimir Cemetery STATE 1/30/87 ery Jackson N J BP 14 FUNERALDRECTOR HinesRinaldi 11800 New Mamp. Ave. S.S. Md. **DHMH - 17** (VR A15 ME (5))

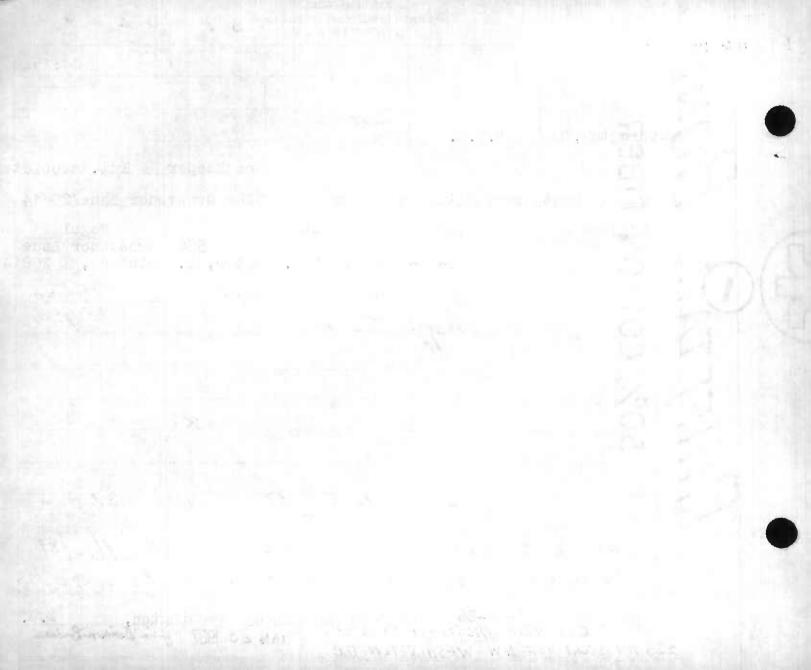
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0162000	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be ooge 3 death	Jacob Jacob	W	Sadowsky	1 2	3 87 1809 PM
pog er de	3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.	Male	White	May 11 1897	89 YRS	MONTHS DAYS HOURS MIN.
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a the second	TO CHI OK TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	I TYPE OF WORK FOR MOST OF WORKING L	FE) INDUSTRY
by filler	Gaithersburg	Shady Grove He	duentist Hospital	Economist .	Retired
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AA b old of old of old	Basil	Sadowsky	Elizabet	h ***	(UNK)
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AON exe		SM WM OR OPHIS	GEOGA Walter Code	The second of th	ersburg, Md
De be	No	057-26-		wsky (Son) Garti	
BA cote cote cope cope	PART I DEATH WAS CAUS	only one cause per ling or rail. 1940	XX X T	1.//	BETWEEN CHIEF AND DEATH
ST.,	The second secon	ATE CAUSE (1) TOUTE	18exp. re1949 Fas	use /	seni zucetzi
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a a	gave rife to immediate couse (a) stating the	DUE TO, OR AS A CONSTO	NENCE OF \-	/	/
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CO view	The Date of Operation	THE CONDITION FORWHIC	H OPERATION WAS PERFORMED	76s AUTOPSYT 20s IF YE	5, WERE FINDINGS USED
Per lo	8			IN CERTI	FYING CAUSES OF DEATH?
TAL The The Most	ZIN. ACCIDENT WAS UNDERLYING	218 TIME OF INJURY	Tale 90 W IN HIRV OCCU	RRED (SMITS NATURE OF POLICE POLICE IS	IS NO 🗆
JE VII	Observation of Characters	See St. Co. St	DAY YEAR	Anna Anna Contra de Contra	ran, i Usinan Al
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71SIO	CIFETIME NOTIFI MEDICAL EXAMINED 214 INJURY OCCURRED	THE YEACE OF INJURY LATHON SHEET, FACTORS, SPICE	FARM ETC.) THE LOCATION	COY OF YOM'S	STATE STATE
of the state of th	Almon D work				
NDII Or NOIS		spital) attended the deceased from	2 -	10 Jan 23	19, that (h (ye) las
TTE Porto for of h	saw the deceased glive of	nat) view the body after death	87 , and that in (my) (opinion	n death occurred on the date and ha	ur and from the causes stated
A POS HOS Hed ept.	226. SIGNATURE	/	DEGREE		220 DATE SIGNED
The or th	Haur bulle	Euner Ins.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/87
O HOSPITAL	22d. PHYSICIAN'S NAME (TYPE		27e ADDRESS /040/	OH Georgetown B	1
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(VRA 15, 4)	Hines/Rinaldi F	.H. Silver Spr	ing, Md 20904 JAN	12.8 1987 Julia de	

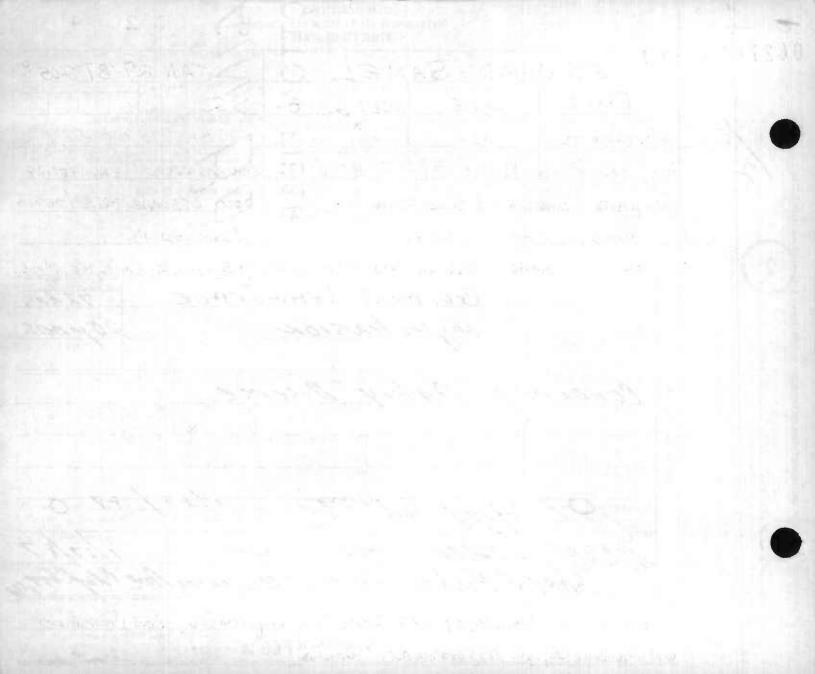




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ctor page softer dea	3. SE			E OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
72 hour		RTHPLACE (STATE OR FOREIGN		RIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
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¥ 8		THER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN NA Ruth		renor Lane/20814 Fogel
130			F WAR OR DATEST	D. 17 INFORMANT		3 Grosvenor Lane
1		NO 18 CAUSE OF DEATH (Enter on	nly one cause per line far (a), (b), and (c)	Robert E.Sa	anders, Sr.	Bethesda, MD 2081
11	4	PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (0) Cerebre	of hemour	hole	12 hro
Then please on the please on to burial, crea- njory, air other	NO	gove rise to immediate cause (a), storing the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO OR AS A COSSIDUENCE OF		MINAL DISEASE OR COND	ITION GIVEN IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
and the market	10.70	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ILEM 18 PART 1 OR PART 2)
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)		Removal Removal	1-16-86 Geo V		23d. LOCATION CITY OR TOWN Washir	ngton. State C.
H - 16 60M 7/84 (VRA 15, 4)	24 FI	UNERAL DIRECTOR COLUMN 15 MISSOURI AV	ADDRESS	I A	Nº 23 1987	SYRIGHT RESIDENCE READER

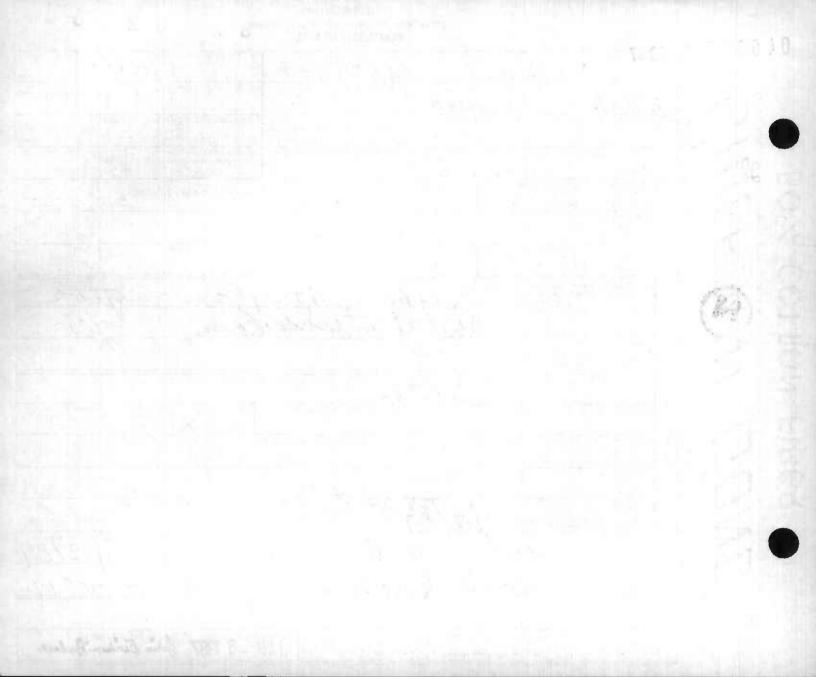


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1 1100		DAVID		_	SANE	2		LINKNO	(hw		
7		VAS DECEASED EVER	LIF YES, GIVE W	VAR OR DATES	66 SOCIAL SEC	URITY NO.	7. INFORMANT				
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thot d by ease ol, cr		underlying couse	lost.	10							
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ORD requ	CERTIFICATION	LORD	NM	44	1111	rery	11150	156		- 721	
S be	OA	19a DATE OF OPERAT	ION	AF CONDIL	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS NG CAUSES OF D	USED DEATH?
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ON OF VITAL R HYSICIAN: The It dring physician. Is certificate has burial-transit pe Mental Hygiene		210. ACCIDENT WAS UND	Lud	11b. TIME OF HOUR A.M		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
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20 23 3	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF CE	AETERY OR CREMATORY	236. LOCATION CITY OF TOWN		OUNTS	
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		1	ADDRESS	C		EREC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
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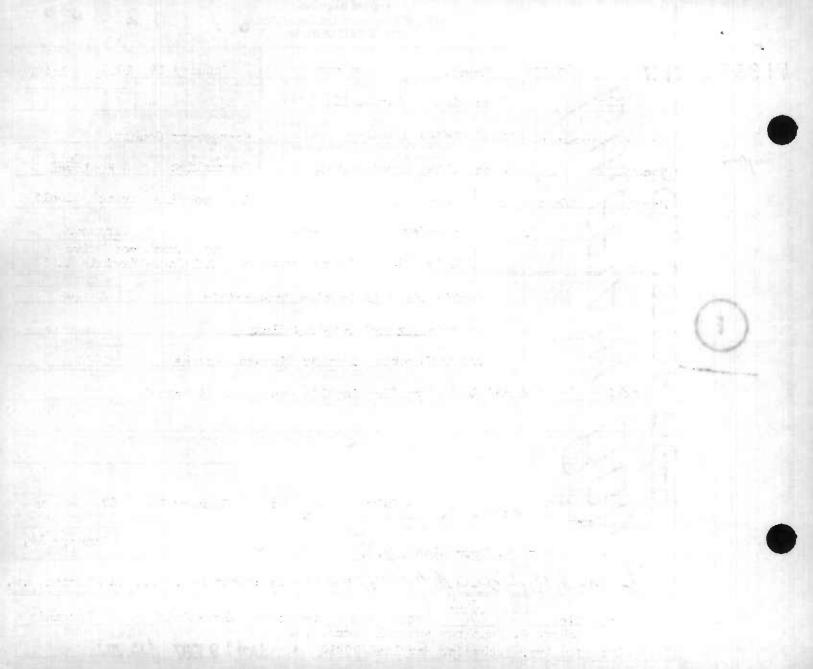


Washington, DC

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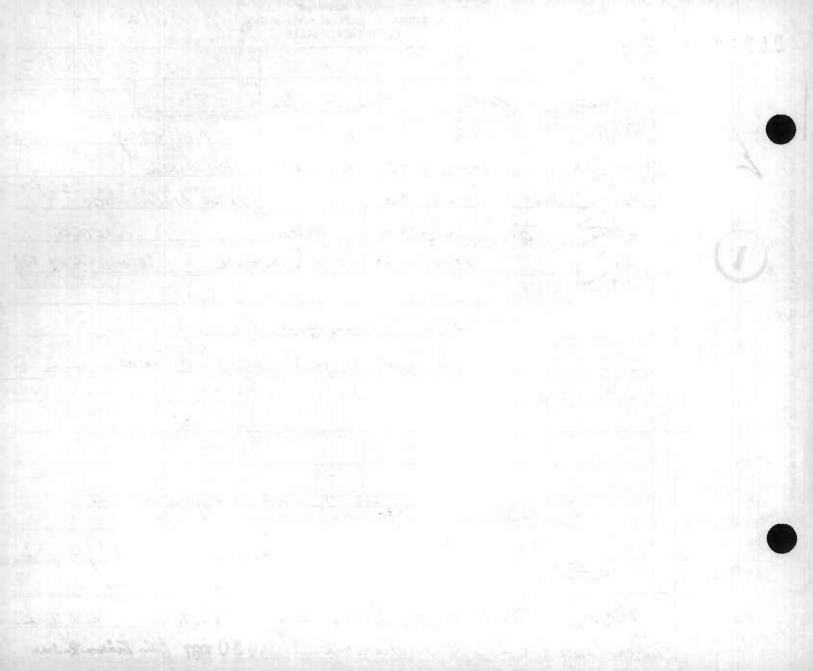
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	Po Pour	7a. 8	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BAL	TIMORE CITY O	R COUNT	Y OF DEATH	
	de off		shington,			States	WIDOWE	DIVORCED	□ Mo	ntgomery	Cou	nty.	MD.
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i	9 9 9 1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		3512DB	ookw	ood Dri	ve
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2	on. bos bee permit.	FICA	196 DATE OF OPERA	ATION	TYD. COND	IIION FOR WHI	CHOPERATIO	N WAS PERFORMED			IN CERT	IFYING CAUSES	OF DEATH?
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	ng physical certificate virial-transitions them 18 sh		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR	The HOW MISSING OC	CORRED (E	STER NATURE OF INJUI	ET IN TEM 18	PART (OR PART 2)	
	ding physicians certification of the physicial from the period of the physician from	MEDICAL	21d INJURY OCCUR			M. OF INJURY	19	21f LOCATION					
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	OR ATTEN e hospital DIRECTOR oched for u Dept of He		sow the deceo above, (1) (w	sed olive on_ (did not	view the body	olter deoth.	86	nd that in (my) (50r) ope	nion deoth o	ccurred on the do	ite and ho	ur and Irom the	causes stated
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vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	culles	udeculer	accepted		wire
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		Conditions, if any, which	DUE TO, OR A	S MCONSEQUENCE	1 Dullosat	THOAN Du	19 11	23.00
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4 6	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1	(0)
y or I	CERTIFICATION	19g. DATE OF OPERATION	The contour		7		AS MEG. WIEDE AND	
0 0	1 2	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20t	LIF YES, WERE FIND I CERTIFYING CAUSES	NGS USED S OF DEATH?
Sit p	7 =					YES NO	YES	NO 🗌
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Ē		22a.1 certify that (1) (this has	pital) attended the d	Aceased from	B. 1980	" Care /	1047	that (I) (we) last
-5		saw the deceased alive o	n 12/	1 19 960		death proceed on the date o	nd hour and from the	
÷ E		obave, (I) (we) (did) (did r	at) view the bady off	e death.	2 pages	To the state of th		
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IMPORTANT:		1-19001	110	10 cm	MAHO. 111	10 String	9 70 1.4	elle
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6 60M 7/84 15, 4)	2:	2 CARROLL STRE	FT N. W	WASHTNICT	ON. D. C. JAN	16 1987 Julia	Davidson Kond	
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				STATE OF MARYLAND	-	2 - 2 0
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE /	2 3 9
2100 -		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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E ()		PENNA	U.S.A	WIDOWED DIVORCED	MENTERON	ERY MD.
7	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION	12b, KIND OF BUSINESS OR
Thou	70	IKOMA PARK	WASHINGTON	V ADVENTIST AUSTRAL	HOMEMAKER	INDUSTRY
45	USU 13a	AL RESIDENCE TIF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE	TOWN 13d INSIDE CITY LIMITS?	138.STREET ADDRESS / ZIP COD	E 1 20912
30		MD. Man	T TOKOM	. A hid -	7620 MAPLE	- //
100	14. F/	THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
300		LOUIS	MIDDLE ILAS	ERDEN ESTEL	WIDDLE	WALTERS
70 .	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL	SECURITY NO. 17 INFORMANT.	ADDRESS	PUMLIFRI
9		(ES. NO ORUNKNOWN) (IF YES. GIVE	E WAR OR DATES)	0 7/27 10- 116 0		10000 7000 511
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15		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSED	ly one couse per line for (a), (bi, and (ci.)	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
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,	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
Feed	¥	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
E E	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
morked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
OE .	152	22a. I certify that (I) (this hospit	tol) attended the deceased f	rom Can 9, 198	10 Can 28	19 S 7, that (I) (we) lost
12		sow the deceased alive and above, (1) (we) (did) (did not	Jan 28	19 Sond that in (my) (our) opinion	death occurred on the date and ha	
E		22b. SIGN AZURE	viewhe body ofter deoth.	DEGREE		
#		/	0 1/	ATTENDING.	_ MEDICAL STAFF	22c. DATE SIGNED.
Ë-			wan /or	PHYSICIAN)	DIRECTOR PHYSICIAN	128/87
IMPORTANT:		22d. PHASHE IAN S NAME TYPE OF	1	22e ADDRESS	1 -	1 5 41
Od/		OUSAN	VOSS, M.	D. 1109	pring of	The Jours Ma.
IMPORT	23o E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d OCATION	
		Busial	Oan 31.1987	Vestal Hills Cimilin	SITY ON TOWN	COUNTY About THATE
	24 FI	INERAL DIRECTOR	1		TE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATUR
OM 7/B4 5, 4)	1	1 Done French of 1	WI Da 201/00	and 1101161 A	AN SO more Asia	Kind D. Las
-/	4	MONEY LUNEAR NO	14 000 234 C	order order	AN OU BO! Same	Section Contracts



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR Daniel Schneider January 22, 1987 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Montgomery 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dental Labora 130.STREET ADDRESS / ZIP CODE 5802 Nicholson Lane 20852 Heinrichs Eloise A. Schneider Same as item # 13 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

27¢ DATE SIGNED

COUNTY

22. ADDRESS 0216 Wisconsin Avenue

20814

(SPECIFY) 1/26/87 Burial 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Parklawn Cem.

23d LOCATION CITY OR TOWN Rockville, MD

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR

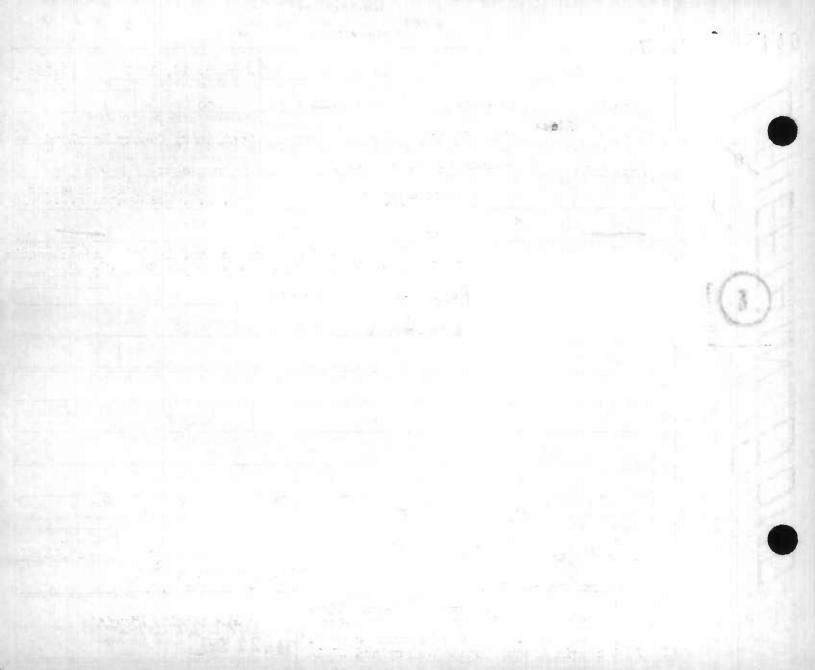
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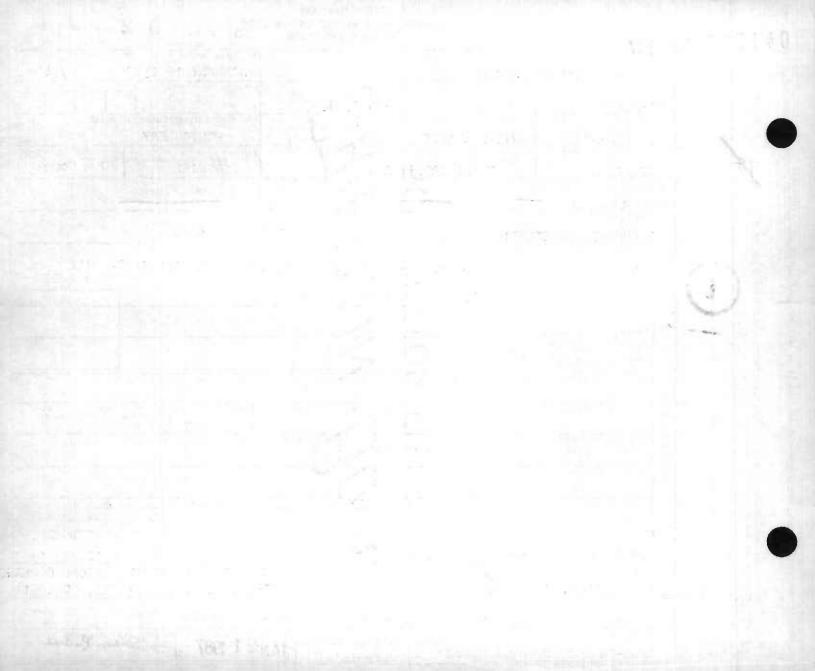
Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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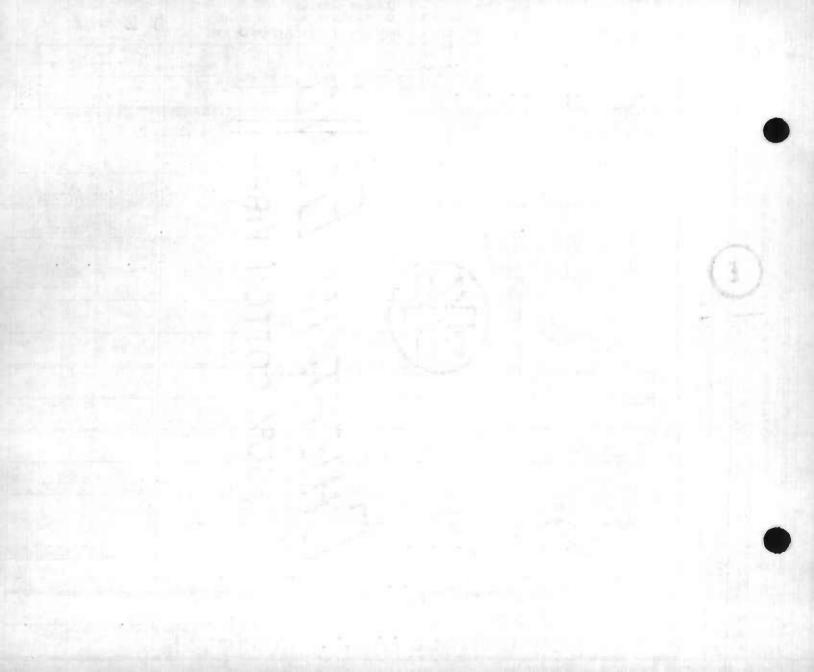
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	11	FOR - STATE	DEPA		HEALTH AND MENTAL HYG	TENE 7 0 2	. 2 /	()
041595 JAN	25	REGISTRAR		CEKII	FICATE OF DEATH	REG. NO.	77-11-2	3
m e		PE OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH MONTH O	20 1	HOUR
poge poge		Aida	Reid		noenfeld	January 16, 1987		:15a M
d La	3 5	EX	4. RACE	5. DATE	OF BIRTH JA YEAR		FUNDER TYEAR IF UP	NOER 24 HRS
ge 4		Female	Caucasian	Nove	ember 4, 1896	90 YRS.		
P S B G	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Montevider	76 CITIZEN OF WHAT COUNTE	MARRI	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
ort of the		Uruguay	United States	WIDOW	ED DIVORCED	Montgomery Count	v Maryla	nd MD.
1100 27	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUS	SINESSOR
5	1	Rockville /	Rockville N	ursing	Home	Homemaker	Own Hot	
d in	130	UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 130-614 DRAG	FORE ADMISSION	1136 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE Ave. N.W. Washin	000 lassachus	errs
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BALTIMORE, MARYLAND The ord completely fille Pages 1 and 2 should Figure 1 and 2 should	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	Miss Aida Re	id Schoenfeld 400 N.W. Washington)O Massac	gnter) husetts
Poor	5	No	579-60	-2199	Avenue #1308	N.W. Washington		
BALL SALL		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b),	and (c).1	Λ		APPROXIMATE BETWEEN ONSET	AND DEATH
		PART I. DEATH WAS CAUS	TE CAUSE (a) RESpir	GYONS	direct			
PRESTON ST.			DUE TO, OR AS A CONSE	QUENCE OF				
EST den		Conditions, if any, which	(b) prec	MONE				
7. PR		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF			10.30	
thot thot d by ease of col. c		underlying cause lost.	(c)					
S, 2, 2	Z		CONDITIONS CONTRIBUTING	O DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a	
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P VIII		OR CONTRIBUTION CALLES OF DE		DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
No N	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
PHYS tending tr this combine burners and Me ed or the	MEC		AT HOME, STREET, FACTORY, OFFI	CE FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
DIV Or of Affer of Af		AT WORK AT WORK			0 6		67	
DOR: OR: FHee		saw the deceased alive a	pital) attended the deceased fra		nd that in (my) (our) opinian	death accurred on the date and have		(I) (we) lost
ATT ATT Mospin Spring Part of the Spring Spr		abave, (1) (we) (did) (did n	ot) view the body after death.		DEGREE		22c DATE SIGN	
OR DER		900000	9 MID	Ms	ATTENDING	MEDICAL STAFF	Januar	V
PITAL by 1 by 1 by 1 by 1 by 1 ce del		THE PHYSICIAN'S NAME IT YES	OR PRINT)		122a ADDRESS	DIRECTOR PHYSICIAN	16,	1987
FUN The ORT					1145	19th Street #202	2226	
TO HOS should by with the	22-	George Grav	ves M.D.	2. NAME OF		Washington D.C. 2	0036	
9498999	230	BURIAL, CREMATION, REMOVA	January 16 1087		cemetery or crematory opolitan	CITY OR TOWN	COUNTY	STATE
1778/1/	7.6	Cremation EUNERAL DIRECTOR	10. 17071	Cr	ematory 1250 DAI	Adexandria Vi	reinia -	
DHMH - 16 60M 7/84		FUNERAL DIRECTOR Robert	A. Pumphrey AD EL	meral	Homes P.A	2 1 1087 / 100 000	TOTAL FROM	
(VRA 15, 4)	1	557 Wisconsin A	venue Bethesda,	Maryla	nd 20814 JAN	- 201		





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH H. 4 RACE FUNDER LYEAR 3. SEX 6. AGE TIN YEARS LAST BIRTHDAY IE LIMDER DE MR L CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN U.S.A. Montana Montgomery DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY U.S. State Depa Takoma Park Gout. Employee Washington Adventist Hospital #2C 13e STREET ADDRESS / ZIP CODE 17/2 3603 Gleneagles Vrive Maryland Montgomery Silver Spring 20906 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carroll Seeley Ryan Maru #40 East Depew Avenue 166 SOCIAL SECURITY NO 17 INFORMANT son 536-07-4119 Buffalo, New York Patrick Seeley ues 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY min. IMMEDIATE CAUSE 10: Conditions, if any, which gave rise to immediate cause (a), stating 425 underlying couse RMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IE FITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on ______ above. (Dutwe) tolial (did not) view the body after death and that in (my) (appinion death occurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial Francis J. Collins, Jr. DHMH - 16 60M 7/84 (VRA 15, 4) University Blvd. West. Silver Spring. Md.

177585 1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE O DATE KNOWN X (TYPE OR PRINT) DEATH MATED 87 19 John Albert AGE (IN YEARS IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCED Jul. 13, 1937 49 DEAD White Male separated 9 BALTIMORE CITY OR COUNTY OF DEATH Washington, DC **IISA** Montgomery County IQ CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 21440 New Hampshire Avenue Contractor Brookeville \$elf employed 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21440 New Hampshire Avenue Montgomery Brookeville Maryland John Seitz Emma Celeste Dustin 577 52 818 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRI\$721 Cobblestone Dr 8186 N/A John W. Seitz-father-Sil. Spr. Md. 20904 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxiation IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which hanging. gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO X None 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR Hung self. 19 87 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME NOT WHILE AT WORK AT WORK New Hampshire Ave., Brookeville, Montgomery, MD Home TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BACKIMORE, MARYLAND. 220 I certify that I took charge of the remains described above, held an Suicide X death resulted from Hamicide L Undetermined manner TITLE (SPECIFY) DATE 1/23/87 Deputy SEGNATURE 1919 Seminary Road EXAMINERA NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 23d. LOCATION Buria1 1-26-1987 Fort Lincoln Cemetery 07/84 Brentwood Pr. Georges Md REGISTRAR- 25%-REGISTRAR'S SIGNATURE 11800 N.H. Ave. Silver Spring, Md. **DHMH - 17** HinesyRinaldi Funeral Homess (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 28. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-T DELAY IS NECESSARY, PLEASE 3 TO THE FUNRRAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. INDS, 201 W. PREGTON STREET, Kabboura nmn Seknoun DEATH MATED 4 RACE 1 SEX DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE 2:45 Unknown 1930 LAST BIRTHDAY) PRONOUNCED Female Black 56 187 DEAD 16 BIRTHPLACE (Casablanca CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Morocco Morocco Montgomery County WIDOWED [DIVORCED 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UFE) Naid Home IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital Bethesda SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 11712 Enid Drive 20854 Montgomery Potomac FATHER'S NAME 15 MOTHER'S MAIDEN NAME Zahra Mohamed Seknoun Bent Mohamed 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Patrick A. Everarts De Velp (IF YES GIVE WAR OR DATES) None No same as 13e CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Intracerebral hemorrhage IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. If LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Notural couses X Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1/16/87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY Casablanca, Morroco STATE Burial Chella Cimetiere BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125% REGISTRAR'S SIGNATURE DHMH - 17 Tyson Wheeler Funeral Home, Inc. (VR A15 ME (5)) 1331 Rockville Pike, Rockville, Md. 20852

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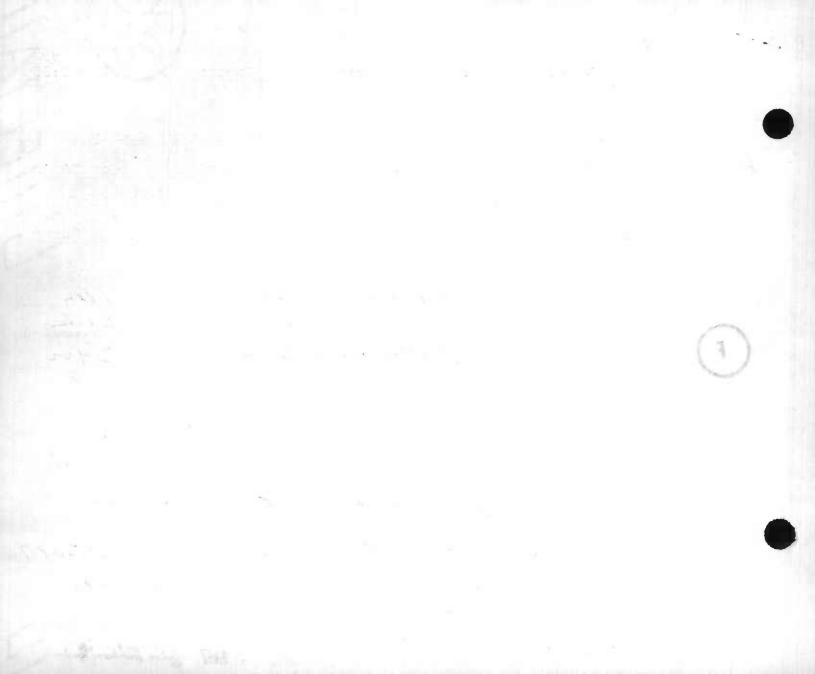
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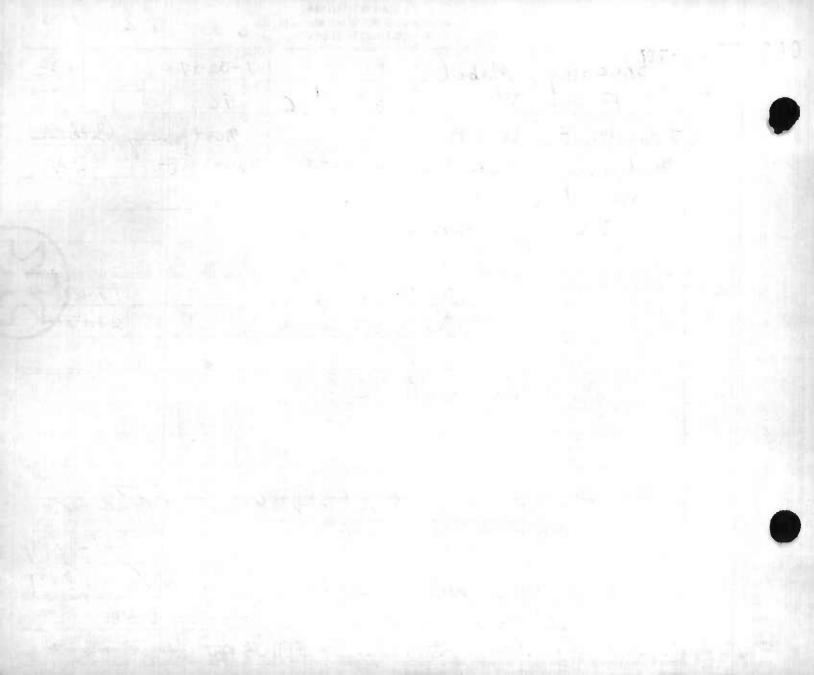
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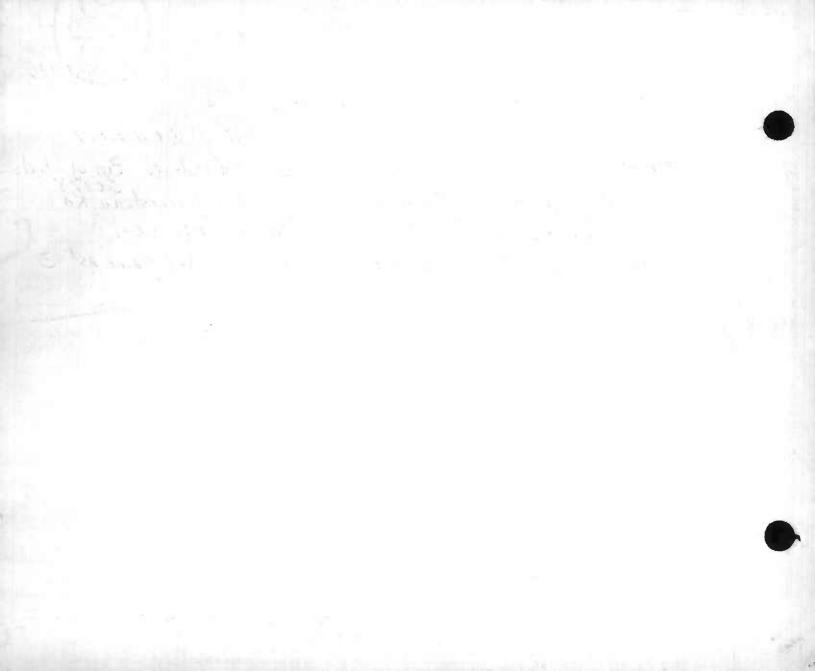
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1-	FOR STATE TREGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. N	10.	2 3 '	
-		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	LIAME	Joseph	R.	Se	esso	January	22,	1987	8:50pm
	3 SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BE	RIHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	1	Male	Caucasian	Oct		79	YRS		HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
1		shington, DC	United States			Montgome	ry (County	MD
)	13	ensington	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Kensington	T ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Attornet	OF WORKING	126 KIND O INDUSTRY	F BUSINESS OR U.S. rnment
	USU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES [X] NO []	13e STREET ADDRESS 4511 Edg	/ ZIP CO	ODE	
C	14 FA	Antonio	MIDDLE LAST Sesso		15. MOTHER'S MAIDEN NAME FIRST Matilda	WIDDIE		Dela	
1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
		Yes WW	II 217-44·	<u>-0009</u>	Mary M. Se	sso, same	as		
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY: (TE CAUSE (o)	ndicil	un Faclune	2		APPROXI BETWEEN	MATE INTERVAL
		IMMEDIA	DUE TO, OR AS ACONSEO	IENICE OF	1				0
		Conditions, if any, which	(b)		Anened			Ce en	- V2_
		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS APPLISED	etipl	o My elon	nd		24	n
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION C	GIVEN IN PART TH	0
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF Y	YES, WERE FINDING TIFYING CAUSES	OF DEATH?
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21s HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM I	S PART (OR PART 2)	
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
		sow the deceased alive or	oital) attended the deceased from 19 19 19 19 19	4 -	nd that in (my) (our) opinion	death occurred on the c	late and h	19 7.	that (I) (we) last couses stated
		27b. SIGNATURE	P. Libie	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN 🗌	22c DATE	
1		EUGENE	- 11-	dr	120 ADDRESS 1040	O CONNEC	Md.	2089	5
		BURIAL, CREMATION, REMOVAI Burial	1987 F	t. Li	ncoln Cem.	23d LOCATION CITY OR TOWN Brentwo	ood,	Maryla	nd
	75	UNERAL DIRECTOR Rober 57 Wisconsin	t A.Pumphrey Ave.Bethesda	Funer ,MD 2	al Homes 10814 PA	2 9 1087	25b. REG	ISTRAR'S SIGNAT	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

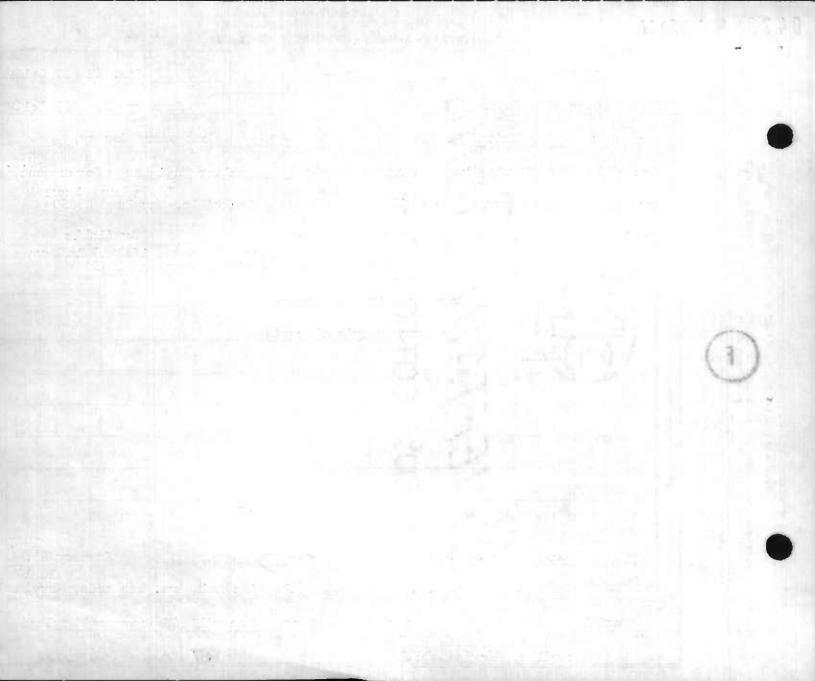




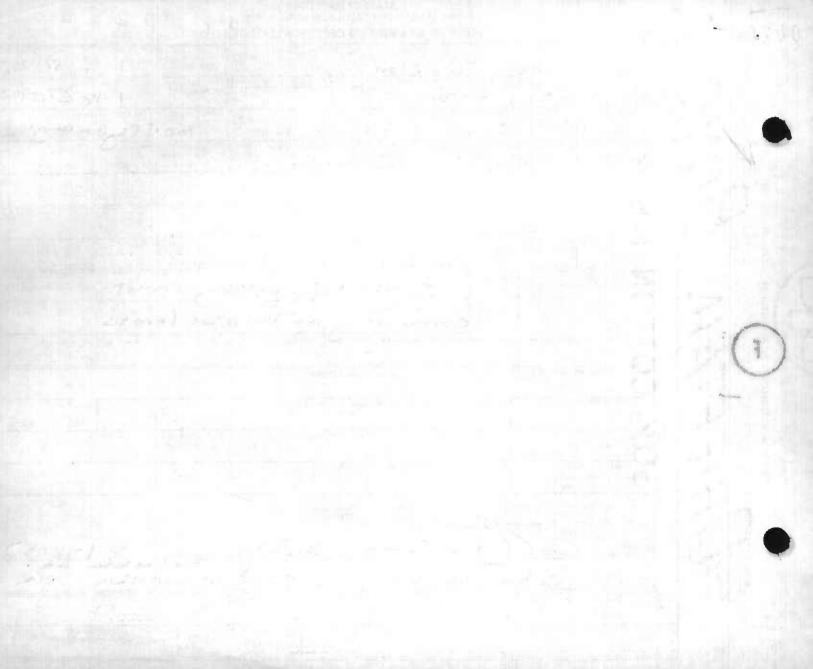


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR SILVERSTONE 1 - 22 - 87**JESSIE** 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS JUNE 24, FEMALE CAUCASIAN 1906 80 TO BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. NEW YORK DIVORCED [MONTGOMERY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OF ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOMEMAKER 8707 LEONARD DR. SSPG. MD. 130 STATE 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 8707 LEONARD MD. MONTG. SSPG. MD. DR. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ROTHSTEIN ISAAC HOFFMAN **JENNIE** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 216-46-1979 ELAINE LEVINSON; 1410 Milestone Dr., SSpg, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARDIO PULMONARY ARREST MMED IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF THE LING METASTATIC Canditions, if any, which gave rise to immediate couse los, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO V YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220-1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on TAN and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SKGNAVURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 23 JAN 87 should be detrained with the State 27d PHYSICIAN'S NAME ITYPE OF PRINTI 22e ADDRESS 5410 CONN. AVE. N.W. WASH, D.C. 2001 JOHN WISEMAN 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE (SPECIFY) COUNTY STATE BURIAL LEBANON CEM ADELPHI 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DANZANSKY-GOLDBERG MEM CHP INC. DHMH - 16 60M 7/84 (VRA 15, 4) 1170 ROCKVILLE PK, ROCKVILLE MD

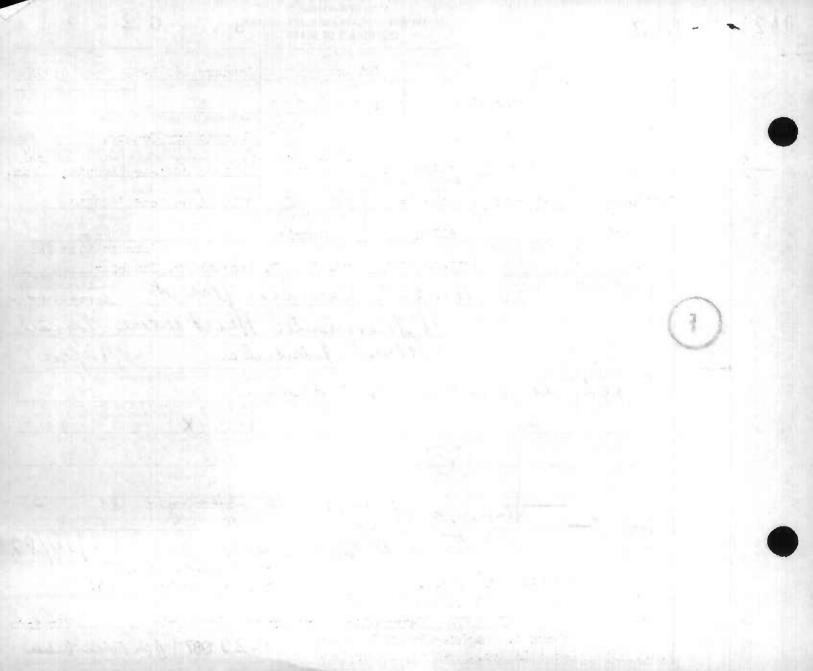
STATE OF MARYLAND 0 4 2 3 9 6 JAN 30 597 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 20. DATE KNOWN T (TYPE OR PRINT) ESTI-DEATH MATED Julius M. Jan. 22 1987 8:12PM Simmons 4 RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Caucasian Sept. 21,190 7 79 YRS DEAD January 22, Male. 1987 8:12RM To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED OREIGN COUNTRY United States Arkansas WIDOWED [DIVORCED Montgomery County, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Rockville Shady Grove Adventist Hospital Nuclear Engineer Government INUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 10 Radburn Court Rockville NO □ Rockville, Maryland 20850 Maryland Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Available Julius M. Simmons Not 17. INFORMANT Bette Simmons (Wife) 10 Radburn 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST Court Rockville, Maryland 20850 323-01-2767 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiorespiratory Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Coronary Arteriosclerosis gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO X 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JIEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I taak charge at the remains described above, held on Autopsy death resulted from: Hamicide Undetermined manner 1987 PAGE 4 3 TO FUNERAL D AFTER DEATH, ALTIMORE, N ACTUAL DATE January 23 SIGNATURE MEDICAL EXAMINER 20814 EXAMINER'S NAME John F. Tauber, M.D. ADDRESS 8218 Wisconsin Ave. Bethesda, Maryland 230. BURIAL, CREMATION, REMOVAL 236. DATE January 23c. NAME OF CEMETERY OR CREMATOR Burial 27, 1987 Rockville Cemetery Rockville/Montgomery/Maryland 07/B4 24 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Homes PA | 750 DATE REC'D BY REGISTRAR | 756 REGISTRAR'S SIGNATURE ROCKVILLE, Maryland 20850 25M **DHMH - 17** (VR A15 ME (S))



10	STATE OF MARYLAND
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 2 3 0
U 4 2.0 8 2 JAN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	T. DECEASED NAME FRST MIDDLE LAST 24 DATE KNOWN ☐ MONTH DAY YEAR 126 HO
10.1.20.	OF ESTI-
ELES CONTRACTOR CONTRA	
25.25	TO DATE
A SEE SE	male white MONTH 321, 31 >> YEAR LIST BURNING DAYS MOURS MIN. PRONOUNCED DEAD 1 18 \$2000
数据之重版/6	76 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED XX
THE WASTER	Georgia United States WIDOWED DINORCED DI MONTES MENY
PAR X S Z	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION 110. AND 25 KIND OF BUSINESS OR INDUSTRY
PAGE PAGE	Rockville Shady Grove Adventist Hospital Psychiatrist Medical
E COEP53 6	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
CH CHORNE	Maryland Montgomery Gaithersburg YES X NO 19517 Tiber Court/20879
9 " 2007	14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME
3 5 5 5 5 5	FIRST MIDDLE LAST FIRST MIDDLE LAST
20 20 20 E	Mary Keener
M MAGORY /	(YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES)
AG T SE	No 255 38 9899 James Singleton Athens, Georgia
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))
P D S S S S S S S S S S S S S S S S S S	PARTIDEATH WAS CAUSED BY:
V SEGERA	IMMEDIATE CAUSE (0)
MAN AND SE	
司祖文本版	gave rise to immediate (b) Caronary ar 12018 36 1810 312
≥ p ≤ 1 2 0	couse (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF
第一世 第2 3 3 3 3	lying cause lost
SAL BURIN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).
- 単語エイエン	
BIVISION OF VITAL RECC S CERTIFICATE SHOULD BE RITING THE WORD "PRIND RDED TO THE CHIEF MED ES 3 SHOULD BE USED AS A E DEPARTMENT OF HEALTH OI PRIOR TO BURIAL, CRE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO F
E SHOULD MORD "PR E CHIEF A BE USED I BURIAL O	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?
E XXXXII	YES NO.
ATE WENTER	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON ON THE CALL TO THE CALL	
/ISIO /ISIO ING ING ED TG SEPAI	UNDERTYTING ON THE CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA
DIVI IIS CEI VREITIE CE 3 201 P	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA
2888±	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
PR-TIE, TE, D., C.	22a I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion
APACEA	
AAA STIFE OF BE STIFE OF STIFE	
X S S S S S S S S S S S S S S S S S S S	ACTUAL Q UITE (SPEGIEY)
A H L H H H H H H H H H H H H H H H H H	SIGNATURE M.D. SIGNED SIGNED SIGNED
NE S S S S S S S S S S S S S S S S S S S	EXAMINER'S NAME
₹ 58 2 85 ∠	EXAMINER'S NAME WAN LOWDER SONEIN DUR
TO MEDICAL EXAMINER: THE ERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAGETER DEATH, WITH THE STAND SHOULD BE AND SHOULD BE SHO	230. BURIAL, CREMATION, REMOVAL 236 DATE 230. NAME OF CEMETERY OR CREMATORY 238 LOCATION
	Burial Jan. 21,1987 Sherwood Mem. Gardens Jonesboro, Georgia
07/84 BP	24 FUNERAL DIRECTOR RObert A. Pumphrey Funeral Homes pate Reco By REGISTRAR'S SIGNATURE
DHMH - 17	DA TETT TI
(VR A15 ME (5))	PA 7557 Wisconsin Ave. Bethesda, Maryland



-04	24-83	JAII	30	TATE REGISTRAR			DEPARTA	NENT OF H	EALTH AND MI	NTAL HYGI	REG. NO.	2 5	8 1
)				CEASED NAME	FIRST		WIDDLE	L	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	noy be poge 3		LITTE	I	Doroth	ny A	llen	Sk	inker		January 24, 19	87	4:00A M
	mo)		3. SE	(4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ge 4			Female	N SOL	Caucas	ian	Dece	mber 3,	1899	86 YRS	MONTHS DAYS	HOURS MIN.
	Po Po	977		RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA		9. BALTIMORE CITY OR COUN	Y OF DEATH	
	deoth	To L		Ohio			States	WIDOWE	DIVO	RCED KT	Montgomery Co	unty.	MD.
	the training	Sep.	-	TY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INSTIT	ution	Managementer working	12b. KIND (OF BUSINESS OR
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021	hou hou	\$	13a S		13b COUN	TY	. GIVE RESIDENCE BEFORE		13d. INSIDE CIT	LIMITS?	13e.STREET ADDRESS / ZIP CO		
AN	y filli	E		yland	Montg	gomery	Bethesd	a		10 X	8716 Ridge Road	1 / 2081	7
ARYI	with with d 2 s	Junion Company	14 FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S A	AAIDEN NAA IST	WIDDIE WIDDIE	LA	IST
*	orted T	×		Ward			Allen			rie		Hawe	es
ORE	ond oges	dico		VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU		17. INFORMAN			me as it	:em #13
TIM	be non	e a		No			217-44-0		Mrs. Je	an S.	Batchelder, Da	ighter,	
₩ V	icote pape			PART I. DEATH W.	AS CAUSED	y one cause per DBY:	line for (a), (b), um	i iei i	(1)	1.	Masond	BETWEEN	XIMATE INTERVAL
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OTO	de de	mot)	Carallation of	100	DUE TO, O	R AS A CCINE DUI	HET OF	- POis	T.	Heart lises	se /	uesil
- A	e de	10	-	Conditions, if any, gove rise to imm	rediate	(b)_	W	eve	1 Car	140	1		1
₹.	by III	40		cause (a), stating underlying cause		DUE TO, O	R AS A CONSTONE	1912Ez	1 Jus	hills	elion.	10	real.
. 20	n pled	y, or		PART 2. OTHER SIGN	IFICANIC	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED J	O THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 1	a
RECORDS	equi Ther	inju	CERTIFICATION	ded	- le	reben	e Vase	ula	il de	Sean	e		
ECO	ow o	Oux	CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED		ES, WERE FIND	
A	The cron.	How	RTIF								YES NO	YES 🗌	NO [
N N		00	-	21a. ACCIDENT WAS UND OR CONTRIBUTING		HOUR A.		Y YEAR	21¢ HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)	
Ö	SICI.	E Con	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.	M.	19					
DIVISION OF VIT	PHY rendi	ope o	MED	21d INJURY OCCURR		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION		CITY OR TOWN	COUNTY	STATE
20	After os t	norke		AT WORK NOT WHI			1	2	111	86	A 211	0.01	
	tol of tol	12.		220.1 certify that (1) saw the declase		141		740	ed that in Imphila	ur) apinion d	eath argumed on the followed h		, that (I) (we) lost
-	ATT nospi recT ed fo	E .		77h SKINATONE //	di (did not	Firm the barry		-	PEGREE	01, 00111011	Com Carrier Great and In	224. DATE	1
	the It Dill to the De	= :		AX	dere	4)	Bass	w	14 6 1	ENDING	MEDICAL STAFF	17	24/87
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		S S		//J. Blai	ne Fi	tzgera]	ld M.D.				esda, Maryland	20814	
	or of sho	Ž-	23a. B	URIAL, CREMATION, I		- 1	/ /	AME OF C	EMETERY OR CR	EMATORY	23d. LOCATION	20014	
	BP	17.3		remation		25, 1			itan Cr		CITY OR TOWN	COUNTY	STATE
	DHMH - 16 60M	7/84			ohert		phrey. Fur	ara1	Homes	25a. DATE	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNAT	Virginia TURE
	(VRA 15, 4)		P.A	7557 Wi						JAI	1 2 9 1987 Juli	a Divideon	Randage



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

5. DATE OF BIRTH

Feb. 10, 1906 YEAR

17 INFORMANT

Smallwood

20833

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 2b HOUR January 4, 1987 10:00p. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER LYEAR 80 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED | Montgomery County 17h KIND OF BUSINESS OR Bottle machinist

To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? Md USA 10 CITY OR TOWN OF DEATH

MIDDLI

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic

Stanley

4 RACE

white

WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Montgomery General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Mont.

Brookeville

SMALLWOOD

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO PA 21230 New Hampshire Ave. IS MOTHER'S MAIDEN NAME FLORENCE

IGLEHART LAST ADDRESS

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR WAKNOWN) (IE YES, GIVE WAR OR DATES)

PART I. DE ATH WAS CAUSED BY

16b SOCIAL SECURITY NO 216-30-4995

ardocenia

Emma D. Smallwood

Same as # 13

IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

19a DATE OF OPERATION

21d INJURY OCCURRED

DUE TO, ORAS A CONSEQUENCE O 520man

19k CONDITION FOR WHICH OPERATION WAS PERFORMED

SIGNIFIGANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

211 LOCATION STREET

YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNTY

IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION

--STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

Male

Olney

14 FATHER'S NAME WILLTAM

Md.

(AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) 220 I certify that (I) (this hospital) attended the deceased from

and that in-(my) (our) opinion death occurred on the date and hour and from the causes stated

NO

CITY OR TOWN

sow the deceased alive on,

NOT WHILE

DEGREE

19

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL BURLAL

23b DATE JAN. 7,1987 23c NAME OF CEMETERY OR CREMATORY SALEM BROOKEVILLE CEM.

22e ADDRESS

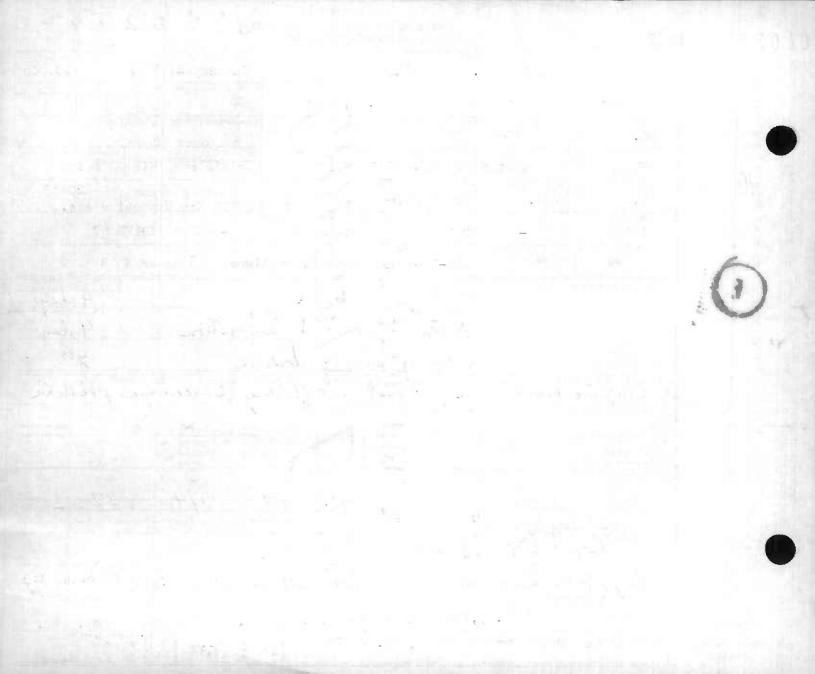
23d LOCATION BROOKEVILLE

STATE

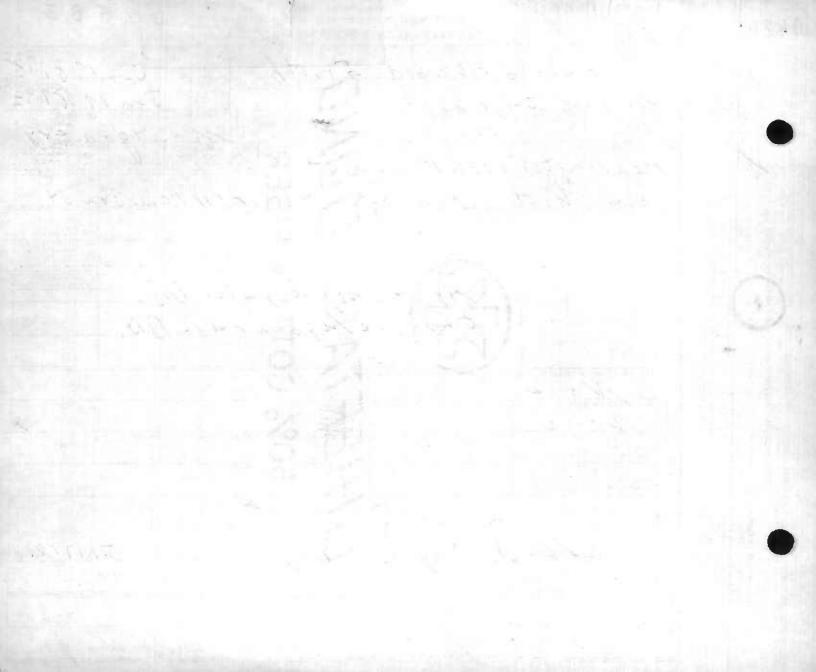
STATE

BARBER LAYTONSVILLE, MD. 20879

MONT. 250 DATE REC'D. BY REGISTRAR 254. REGISTRAR'S SIGNATURE



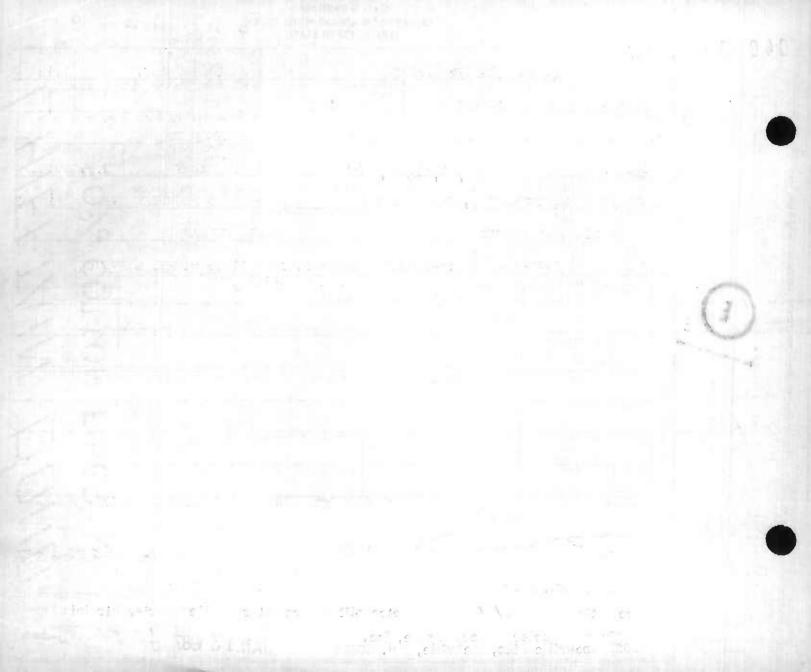
			1	tem # 8 Film G	624, 2/13/	87 ra			MARYLAND	WOLLE "	0 2	5	83
0	4.2	083 JAN	39	STATE REGISTRAR		MEI	DICAL EXAMIN	HEALIF	ENTIFICATE O	E DEATH	0 2		
			1 DE	CEASED NAME F	IRŠT		MIDDLE	1217 3	LAST	20 DATE	KNOWN THE	ONTH DAY	YEAR 26 HOUR
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		A C T C T C T C T C T C T C T C T C T C	3. SE)	4 RACE	5 DATE O	F BIRTH	6 AGE (IN YE LAST BIRTHE		DER I YR. IF UNDER		MO	NIH DAY	TEAR 28 HOUR
		SAS SAS		Mu	Tule	11	1 - 11	RS. MONT	HS DAYS HOURS	MIN PRONOUI		111	10/7 930
	_	Maria Sala		RTHPLACE (STATE OR	16 CITIZE	N OF WE	AT COUNTRY?	8. MARR	IED NEVER MARRI	ED 9 BALTIA	ORE CITY OR CO	DUNTY OF	DEATH
	•	23335		Tenn.	u.	.S.A		WIDOV		rom.	020	300	LEVY MD.
		12/8/20	10. CI	TY OR TOWN OF DEATH			PITAL, NURSING HOM	E, OR OTH	IER INSTITUTION	12a USUAL OCCU	PATION (TYPE OF		NO MALLO Hal
	1	(B) #8 =		Kensing	7 Can-1	08	11/car		J't'	Service	Manager	Par	k&Planning
	202	FOREST A	30 S	LE RESIDENCE (IF IN NURSING	EOUNTY	ITUTION, GIV	13 CITY OR TOWN	ION)	138 INSIDE CITY LIMITS?	13e STREET ADDR	ESS 0	20	of the
	. 21	- スロスコ	17.65	AA A XI	(ont)		Kensin	4to	YES NO	10811	rewy	John	JE.
	E. M	# 12	14. 67	John	MIDDLE		Smith		15. MOTHER'S MAIDE Leona	NAME	AIDDLE	т	LAST TO ME
1	NOR	99889	16a V	AS DECEASED EVER IN U	S. ARMED FORCE	ES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANTER	thon	ADDRESS		21701
	ATT.	E SESSION N	(Y	ES, NO. OR UNKNOWN) (IF Y	W.W. II	S)	215-26-033		Ralph Smit			reder	
	3	20EX2		18 CAUSE OF DEATH (En		e per line			Tresopre Circo	170 140	7 1 10009	A	PPROXIMATE INTERVAL
	15 X	53587		PART I DEATH WAS C	AUSED BY:	01	Acuto	, 1	LVOCAV	dist	Des.	BETV	WEEN ONSET AND DEATH
	6	A E BE SO	1			E TO, OR	AS A CONSEQUENCE	OF	1		- 6 /		
R.	1	RESERVE		Canditions, if any, gave rise to imm		b)	hron	10	Myour	ex of 1	allis	,	
1	×	NAME OF THE PER WAY		cause (a) stating the lying cause last.	under- DUE	E TO, OR	AS A CONSEQUENCE	OF					
	5.20	PAN			((c)							
	ORD	A A B C A A B A A B A B A B A B A B A B	z	PART 2 DINER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH I	BUT NOT RELATED TO THE TERM	AINAL DISEAS	E DR CONDITION GIVEN IN PA	RT I (a)			
	REC	MEN WEING	CERTIFICATION	19a. DATE OF OPERATION	V 196	CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?			20	AUTOPSY?
	TAL	SHOU CHIEF FUSE TOF L	FIC	Man.									- A4
	≥ ×	THE CHILD BE WENT TO BU	ERT	21 EXTERNAL CAUSE W		TIME OF		21c H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1		YES LI NO
	DIVISION OF VIT	ンホーエミー		UNDERLYING OR		P.M.	MONTH DAY YEA	R					
	VISIO	TING THE TO TO SEPART	MEDICAL	214 INJURY OCCURRED	21e	PLACE	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OF TO	Nam.	COUNTY	STATE
	ā	WRI WRI ARD ARD AGE ATE 1201	3	AT WORK AT WORK	IE 🗆	TREET, THE	on i, i ann, erc.)			CITORIO	WN	COUNTY	SIAIE
		ATE, ORW ORW PR: P. HEST HEST VD, 2		22a. I certify that I taak	charge of the ren	nains des	cribed abave, held an	Autop	sy , Inspection	Inquiry	, and in r	ту артпіал	
		NA STATE	13	death resulted fram:	Natural causes	~	Accident, Su	Jicide	, Hamicide .	Undetermined m			
		CERT DIED DIRECTOR		ACTUAL	701	D	0		TITLE (SPECIFY)				101000
		DEATH AORE,		ACTUAL SIGNATURE	tras	1	agent	N	D. Dag	MEDICAL EXAM	AINER SI	id tors	17/887
		# ⊃ ⊃ « ≤ <i></i>		EXAMINED'S NAME (TYPE OR PRINT)	John .	S. R	ogers, M.D.		1919	Seminary	Rd., Sil	ever s	spring, Md.
		TO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B	JRIAL, CREMATION, REMO			23c, NAME OF CE		ADDRESS	23d. LOCATION CITY OR TOWN			
	07/84		12	remation		1 10	87 Metropol			Alexand	nia	COUNTY	Virginia
	25M	DHMH - 17		INERAL DIRECTOR Fra.	ncis J.	Call	ins. Ir.	- Curi	250. DATE F	REC'D. BY REGISTRA		R'S SIGNAT	
		(VR A15 ME (5))	50	O University	Blud. W	est.	Silver Spr	ing.	Md. JA	N 27 198	1 8	Divining .	- Bridge



042	299	3 FEB	-Y _j -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA FEALTH AND N FICATE OF D	MENTAL HYG	0	Ó	2 5	8 4	
		-10		CEASED NAME F	IRST		MIDDLE		LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR	
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	r. po		3 SEX		4	RACE		5. DATE	H DAY	YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	recto	11		MALE		WHI		7	28	18	68 5	V YRS	S.		
	deoth. P	659	N	RTHPLACE (STATE OR FORE		и.	S. A.	MARRI		MONTGOMERY COUNTY					
24	by the f	8	Si	TY OR TOWN OF DEATH	;	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F NHOLY FACROSS FEHOSPITAL)				REPRESENTATIVE CONSULTANT					
AND 21	n 24 hou	35	13M2	RYLAND 13		PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADJ			YES	13e STREET ADDRESS / ZIP CODE 20901 10606 CAVALIER DRIVE					
MARYL	ompletely	105C		ENJAMIN	ISAE	ORE	SPARKS	Ś	FANNI'		м	DDLE	ROSE	NBERG	
IMORE,	n ond co	medico		SNO OR UNKNOWN)		AED FORCES?	166 SOCIAL 063-05	SECURITY NO.	BARBA	RA ELA	INE SPAR	KS, WES		HILL DR.	
201 W. PRESTON ST., BAL	math certificate	or other trainmotic event, "A	Service of the service of	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse	MEDIATE hich iote the lost.	BY: CAUSE (o) DUE TO, C (b) DUE TO, C (c)	OR AS A CONS	EQUENCE OF	Respi Olist Ca	rate netim rdio	puls mappa	arlure mary do	APPROX BETWEEN CO	WASTE INTERVAL ONSE! AND DEATH	
AL RECORDS, 3	on. hos been est	ene prior to to	CERTIFICATION	PART 2 OTHER SIGNIF			be	HICH OPERATIO			20a AUTOPS	(? 20b. IF	YES, WERE FINDING CAUSES	INGS USED	
OF VITA	CIAN: T	and Hyg		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU-	SE OF DEAT			DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM	TB PART) OR PART 2)		
DIVISION	G PHYS	and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY	FFICE, FARM, ETC.)	711 LOCATIO	N	Cı	TY OR TOWN	COUNTY	STATE	
ā	ospital or ector. Aft	nt. of Health		22a I certify that III	live on_		he deceased for O	-01		, 19 8 7 (our) opinion	deoth occurred or	2 / the date and h	hour and from the		
U	SPITAL OR	Stote Dep		224 PHYSICIAN'S NAMI	MY ITYPE OR	Ale PRINT)	184	1/	DEGREE AT P 1220 ADDRESS	TTENDING PHYSICIAN	MEDICAL DIRECTOR D	STAFF PHYSICIAN [1/2	3/87	
	retoined by TO FUNER	with the Sto	730 B	SUR URIAL, CREMATION, REA	INI	ER	1/	INCO	EMETERY OR C	100	PH IOCATO	ge tou	1 10	20740	
	BP		BL	IRIAL		234 7/25/		KING DA	VID MEM	ORIAL (GARDEN OR TH	FALLS		VIRGINIA	
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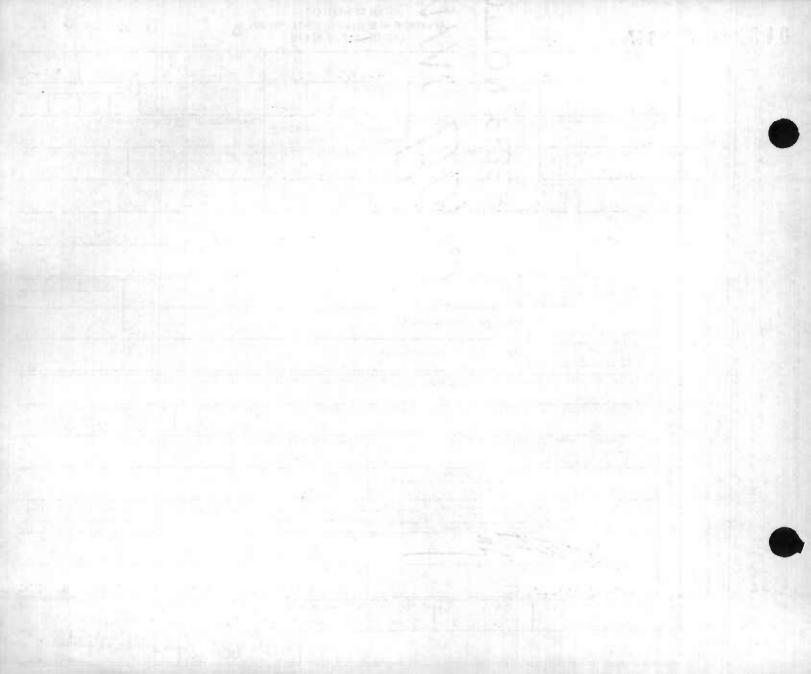
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UTL	1839	JA.	I. DEC	EASED NAME	FIRST	A	IDDLE	ŧ	A5T	20		MONTH DA	Y YEAR	26 HOUR
o o	deoth deoth		{ TYPE	OR PRINT)	THEL	MA SCHM	ITZ SPAR	KS			JANUARY 7		1:13 P	
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Po	1 0 d	D		RTHPLACE (STATE OR FO	OREIGN 7		VHAT COUNTRY?	8		9	BALTIMORE CITY		OF DEATH	
t to	880	7		SSISSIPPI	20.0	UNITED	STATES	WIDOWE	D NEVER MARRIE		MONTGOMER	V		MD
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ours	de la	-	USU	BETHESDA	NG HOME OR C	THER INSTITUTION	NAVAL		IAL		SECKETAKI		1 0.5.0	30 V I.
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2	Shot shot	7		THER'S NAME	MONTG	OMERY	SILVER	SPRIN	YES NO [11605 HIG	HVIEW	AVENUE	20902
3	d 2 sh	7	14.14	FIRST		IDDLE	LAST	TO AND	FIRST	SEIN INAME	MIDDLE		LASI	
ecuted	omple omple	7				SCHMITZ				BESSI	E NEWMAN			
Joe X	ond c	1		AS DECEASED EVER I		VAR OR DATES)	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDR	55		
9	Po o			YES	1940	-1945	425-24-	5334	LINDA S.B	BIBLE,	11605 HIG	HVIEW		
	- Sept.	4		18 CAUSE OF DEATH	Enter only	one cause per l	ine for (a), (b), or	id (c).)	SILVER	SPRIN	NG, MD	5 7 10 1	BETWEEN	MATE INTERVAL DISET AND DEATH
19				PART I. DEATH W		CAUSE (a)	RESPIRA	TORY	ARREST				1100	
3	1 6						AS A CONSEQU	ENCE OF					13	
legi				Canditians, if ony,	which	(b)	AS A CONSEGO	21102 01					1	
	711	27.00		gave rise to imm)	AS A CONSEOU	ENCEOF						
o o	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			underlying cause		(10, CK	AS A CONSEGO	FIACE OF						
es es	plec			PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	IE TERMINA	AL DISEASE OR CON	DITION GIVE	V IN PART 110	
200	Then to bu		NO O											
3	mit.		ATE	19a. DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		20e AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
0	ne per	X	IFIC							6.9	YES NO NO	IN CERTIFY	NG CAUSES	OF DEATH?
Ę	sicio pre l misit ygie		CERTIFICAT	21a, ACCIDENT WAS UND	ERLYING	21b. TIME OF	INJURY		21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU			140 []
Z Z	phys tifico Iltroi ol Hy	(1		OR CONTRIBUTING C	AUSE OF DEAT		A. MONTH D				(protection of the contract o			
YSIC	ding p us certi- buriol.		MEDICAL	(IF EITHER NOTIFY MEDIC		P.A 21e PLACE C		19	211 LOCATION			_		
£	the transfer ond /		ME	WHILE NOT WHI			ET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
S N	After os the lith o			AT WORK AT WOR	K			DECEM	DED 10	07	TANTITAN	37 7	07	
N N	DR OR			22a 1 certify that (1)	(this hospite	I) attended the	deceased from_	87	BER 10 19		. to IANUAR		87	that (It (we) last
ATTA	CTCTCTCTCTCTCTCTCTCTCTCTCTCTCTCTCTCTCT			sow the decease abave, (1) (we) (d	id) (did not)	yiew the body o	ofter death.		d that in (my) (aur) a	apinion ded	ith accurred on the d	ote and hour		
0	DIRE Dep			27h SIGNATINGS	5	().	Tu		DEGREE ATTEND	2016	MEDICAL STA		22c. DATE	SIGNED
₹	XAL detc ote			1.0	- /		100_		PHYSIC		DIRECTOR PHYSIC		C80	an 87
HOSPIT	D FUNERA rould be de rith the Store			22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT			22e ADDRESS NA	VAL H	HOSPITAL			
	retained by the TO FUNERAL should be detained with the State IMPORTANT.			_ R. P. I	OLAN.	LT, MC	. USNR		BE	ETHESI	DA, MD 208	14-501	1	
5	a Day ₹		23a B	URIAL, CREMATION, F	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		***	
	BP		{	Cremation	1	1/8/8	7 1	Metrop	oolitan Cre		-			
011	IMH - 16 60M 7/	(0.4	24 FL	NERAL DIRECTOR	Wheel	er Fune	ral Hom	e. Inc	2	Sa DATE R	EC'D BY REGISTRAR	25h R GISTR	AFT SIGNATI	UNP Maries
DH	(VRA 15, 4)	04		1331 Rocl	kville	Pike, Ro	ckville,	Md. 2	0852	JA	N 1 3 1987	Buch	Manage M	



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TIE	000	1.5E)		4 RACE	11(1)0/	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		DER YEAR IF	UNDER 24 HRS
Pr	115		Fremale	W	white	HTMOM	24 1900	86	, YRS	HS DAYS HO	OURS MIN
2	181	la BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O		HTASC	
	185		WV	U.S.A.		WIDOWE			ery	41.0	MD
3.10	1100	10 CI	Bethesda	THE NOT IN SUC	HOSPITAL, NURSII H FACILITY GIVE STREET Algonqui	7 ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST C Homemaker		Home	USINESS OR
Tech No 2172	1189	55 U A	AL RESIDENCE HE NURSING NOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOV Fairmor		13d INSIDE CITY LIMITS?	13e SIRFEL ADDRESS 715 Cole	man Ave.	999	199
MARTIA	(MIX)04	FA		MIDDLE S •	Hami]	Lton	15 MOTHER'S MAIDEN N	MIOOLE	Gr	roppel	
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T-WILL	5		To (III 123, GIV	t tran On Dates)	233-52-	-1775	Mary Ann M	cBride 682	1 Algono	julin Av	re.
24	opposition of the control of the con		18 CAUSE OF DEATH (Enter or PART) DEATH WAS CAUSE	nly ane cause per	line far (a), (b), ar	nd Ic .	A				ET AND DEATH
D 1	0.00			TE CAUSE (a)	(ardi)	ac	Hrrest			minu	77
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28	burne burne ty, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO		NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN	N PART Ira	
Or VITAL RECORDS	200	TION									
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3	of or year thength		22a. I certify that this hosp	4 6 1 1	e deceased from	Sep			198		t (we) last
S	a property of the property of		saw the deceased alive an abave (1) we) (did) (did no		after death.			n death occurred an the d			
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0	by department of the state of t		HYSICIAN'S NAME (TYPE O	PR PRINT)		-	77e ADDRESS	DIRECTOR PHYSIC	IAN	1105	18/
Se	oned outside the the		Robert He	nry Ble	20		5454	Wisconsink	Tue Bo	ethesd	la
3000	BP20	-	URIAL, CREMATION, REMOVAL Burial		9/87	Noodla	EMETERY OR CREMATORS				STATE
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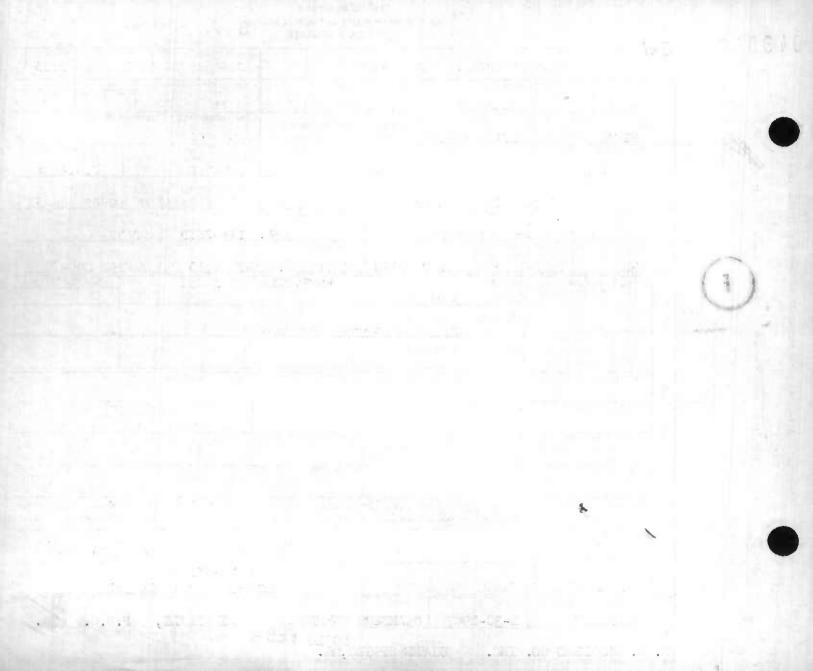


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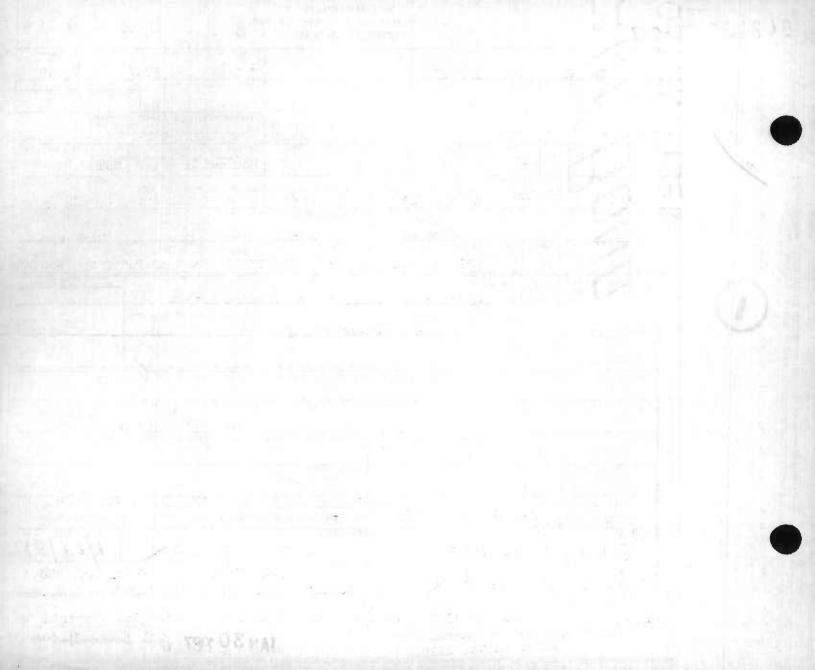
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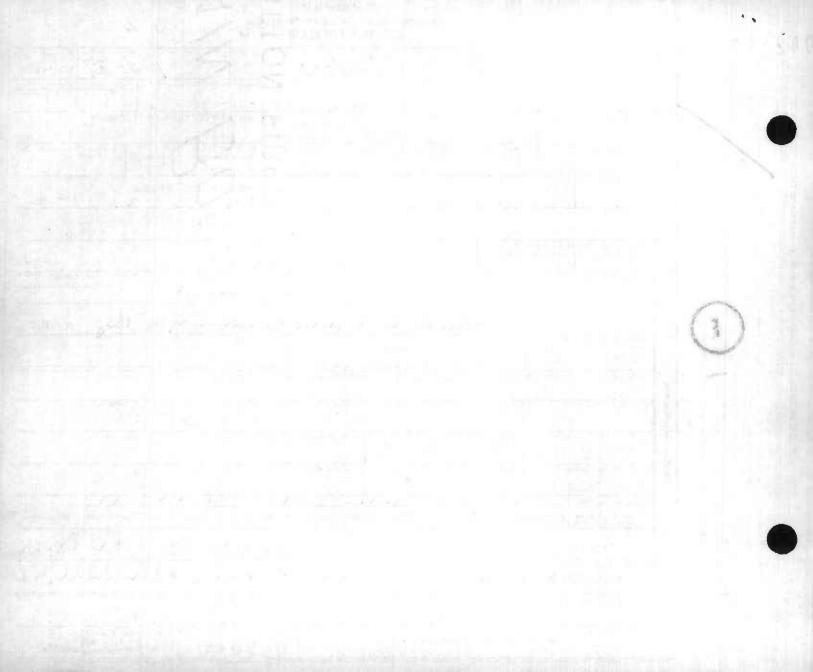
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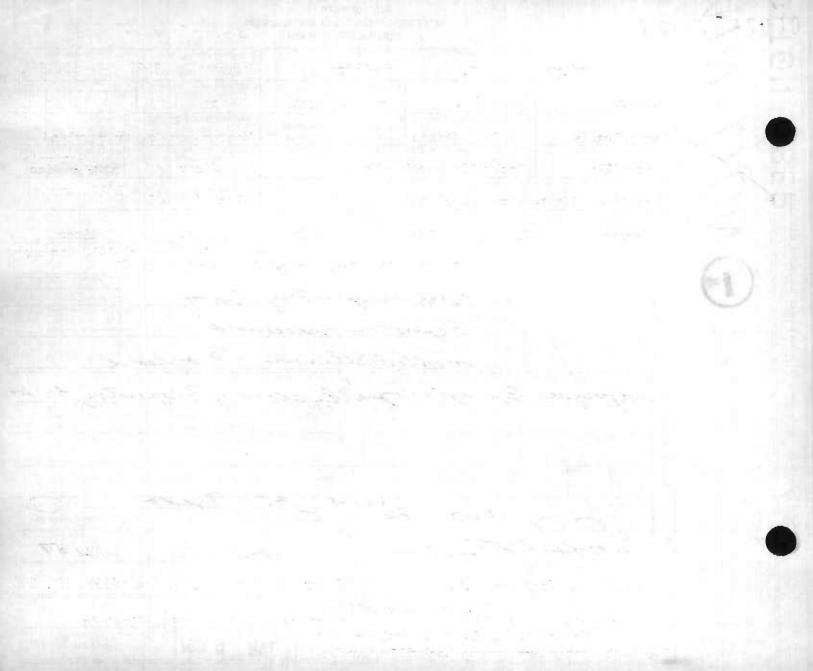
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	oy be		LIAME	OR PRINT)	JIIMA	MAE	STANFIEL	D		JANUARY 25	1987		1:45P M
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	1	16		TY OR TOWN OF DEAT ETHESDA		(IF NOT IN SU	HOSPITAL, NURSII UCH FACILITY, GIVE STREE HE CLINIC	T ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	ON OF WORKING LIFE)	12b. KIND OI INDUSTRY Home	F BUSINESS OR
ND 212	2 248	3	130. 5	AL RESIDENCE (IF NURSINTATE IRGINIA		THER INSTITUTION	130. CITY OR TOV	NN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS A		93	2303
5	4 42	1.7	14. FA	THER'S NAME					IS. MOTHER'S MAIDEN NAM	AE	THE ILD .		
MAN	p 40 /	40		Earl	M	ODLE	Moot	***	FIRST	WIDDIE		LAST	
ii k	1 87/1	9		AS DECEASED EVER I			16b SOCIAL SEC		Inttie IT INFORMANT	M ADDRE	SS	Par	ker
IWO	1 00	2		res, no or unknown) No	N/A	WAR OR DATES)	231-86-6	222	MR. JOHN STAN	FIELD SAME	E AS PA	TIENT	(HUSBAND)
BAL	1 100			18 CAUSE OF DEATH			er line for (o), (b), o	nd (c),)				APPROXI BETWEEN C	MATE INTERVAL
1	A 100 1			PART I. DEATH WA	MMEDIATE	CAUSE (o)	Cardiac	Constr	ciction and Ca	rdiac Arres	t		
ž	V Will					DUE TO C	DR AS A CONSEQU	JENCE OF			T EV		
2	1 10			Conditions, if ony,					east Cancer		77		
2	4 4111		177	gove rise to imme couse (a), stating			OR AS A CONSEQU					100	
2	that by some			underlying cause	lost	(c)_				The second			
05. 20	tion plants		NO	PART 2 OTHER SIGN	FICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
5	A 511 1	7	CATIC	19a DATE OF OPERATI	ON	19h CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	128h IF YES	WERE FINDIN	ICS LISED
N. S.	9 9 9 9	/	IFIC	THE DATE OF CHERNIE		178. CON	ALION TOK WINCE	TOTERATIO	THE STERIOR MED		IN CERTIFY!	NG CAUSES	OF DEATH?
-	To start	-	CERT	21a. ACCIDENT WAS UNDE	RLYING	21h TIME (OF INJURY		21c. HOW INJURY OCCURR	YESXX NO	YES	4.20	NO 🗌
	A STATE		0.950	OR CONTRIBUTING CA	USE OF DEATH	HOUR A	A.M. MONTH D	AY YEAR	THE HOW HASOK I OCCORR	CO (ENTER NATURE OF INJUI	RY IN ITEM TE PAR	T OR PART 2}	
ž	VSSC Fing Mention	1	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	211 LOCATION				
VISIO	A Due		ME	WHILE NOT WHILE	E	(AT HOME ST	TREET, FACTORY, OFFICE,	FARM, ETC.}	STREET	CITY OR TO	WN	COUNTY	STATE
9	De			220.1 certify that (%)	his hospito	l) ottended t	he deceosed from.	DECEME	BER 22 19 86	, to JANUARY	25 19	87	that iX (we) lost
	B 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			sow the deceased above, M (we) (di	olive on	IANUARY	7 25 19		nd that in 数数 (our) opinion o	leath occurred on the de	ote and hour o	and from the o	couses stated
	THE REAL			TIL AIGNATURE	()	/ view the bod	n differ death.		DEGREE			22c DATE S	SIGNED:
	A DESCRIPTION OF THE PROPERTY			Peter a	. 1	Mac.	lur		ATTENDING PHYSICIAN	MEDICAL STAI	IAN	1/2	27/81
	HOSPIT med by FUNER old be of the St	1		27d. PHYSICIAN'S NA	AE STYPE OR		1.		27e ADDRESS NATION	AL INSTITUT	ES OF	HEALTH	9000
	E			Peter &	, 21	cha	CKOR		ROCKVILLE PT				•
	0 5 5 7 1 3	7	- 1	URIAL, CREMATION, R	EMOVAL	236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	THE PARTY		
14	9BP 77		E	ur: al		Jan.	30,1987	Quant	ico National (Cemetery T:	riangle	e, Virg	ginia
1	DHA94 - 16 60M 7	/84	24 FL	NERAL DIRECTOR IV	es-Pe	arson	Funeral F	lomes	25a DATE	REC'D BY REGISTRAR	256 RECASTRA	R'S SIGNATI	Parlace
	(VRA 15, 4)		Sage		Arli	ngton,	Va. 22201		J.	1420 1981	0		~



		form.		STATE OF MARTLAND		
2100 000	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	2 3 7 0
* 25		EASED NAME FIRST	MIDDLE	STANTON	20. DATE OF DEATH MONTH	23 87 12 40PM
P 0 1	3. SE	X (RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
4 96	Fo	male	Caucasian	September 9 192	4 62 YRS.	MONTHS DAYS HOURS MIN.
1 11	Va B	IRTHPLACE ISTATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY?	IB	9 BALTIMORE CITY OF COUNT	Y OF DEATH
1 1500	V	COUNTRY)	IISA	MARRIED NEVER MARRIED WIDOWED DIVORCED		MD
1 27			1. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 X0 1 1/	Tim	boma Park	(IF NOT IN SUCH FACILITY, GIVE STREET Washington Adve		Homemaken.	LIFE) INDUSTRY
	USU	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		
9 7 19 25					5? 13e.STREET ADDRESS / ZIP CON	
1 1 11		ATMER'S NAME	3	15. MOTHER'S MAIDEN	INAME	
W 1 11/1/	0	Walton	KOPP II	laura	WIDDIE	Rivard
		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU		ADDRESS	M.VWIII
OW I OO I			WAR OR DATES) 485-19-0	1406 Wallana St	anton Sr. Husbar	nd Same as 13
4 9 5 4 W	H	NO			MANTE, STE. HUZDEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dice opposite		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		is sufine po	- arrat	BETWEEN ONSET AND DEATH
S B PET		IMMEDIATE	DUE TO OBJECT CONSTOLL	ENICE OF	•	
ST THE THE PARTY OF THE PARTY O		Canditions, if ony, which	DUE TO, OR AS A CONSEOU	were marke	earlinn ylm	My 24RC
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
3 1 11 1		underlying couse lost.	(c)	LINCE OF		
OS, 20	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE 1	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
8 1 1 1 1 7	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
9 5 5 5 7	표				IN CERT	IFYING CAUSES OF DEATH?
1 1111	1	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM IS	
4 44 44 7	AL O	OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
N West of the N	N	(IF EITHER, NOTIFY MEDICAL EXAMINER) 218 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
DIVISION OF INC. Through philter the certain or the burnold th and Mental or William	뿔	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
D STORY OF STORY		22a I certify that (I) (this hospita	ol) attended the deceased fram_	1-12- 198	1 . to 1 - 2 - 3	. 19.83 , that (1) (we) last
2 of 10 a series		sow the deceosed olive on obove, (I) (we) (did) (did not	1 - 23 - 19 5	ond that in (my) (our) opin	nion deoth accurred on the date and he	our and fram the couses stoted
A to Held to be		274 SIGNATURE	view me body oner deom.	DEGREE		22c. DATE SIGNED
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		w ' b	Chusin	ATTENDIN PHYSICIA	MEDICAL STAFF	1-53-8)
F 7 4 8 8 7 7	1	224 PHYSICIAN'S NAME (TYPE OR		22e ADDRESS		
PORT	10	W. 03 41	C wis	34121	ent want u.y.	runny, wy
5 5 5 5 5			236 DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	
BP		(SPECIFY)	Jan 28 1987 Gol	orge Washington	Adelphi Pr.	George's Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Francis	T Collins T	7 . 25a	DATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	50	10 University Bly	id. W. Silver	Spring, Md.	AN 30 1987 Julia	Dendern Ruders,
	Section 1	V WILL WILLIAM THE		4		



040240 JAN	- D - GTATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	2 5 9 1
	I DECEASED NAME FIRST	MIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be page 3 r death	(TYPE OR PRINT) Marilyn	I.	Stebbins	January 2, 1987	7 $1:25 A_{M}$
er o	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDER 24 HRS
ge 4 Jrs of	Female	Caucasian	June 4, 1947	39 YRS	WONTHS DATS HOURS MIN.
4 12/7	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 11 2	Pennsylvania	United States	WIDOWED DIVORCED		ty Maryland MD.
5 12 PO	10 CITY OR TOWN OF DEATH Rockville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Rockville Nurs		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE Expeditor	12b. KIND OF BUSINESS OR INDUSTR MOTOTO1a Electronics
MARYLAND 2120 ed within 24 there and 2 should be to	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 131. COL Maryland Mont	or other institution give residence befound inty 136. City or to large many Rockvil		13e STREET ADDRESS / ZIP CODE Place / 20851	
within bletely and 2 show	14. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
one be executed on the first of the second on the first of the second of	Howard 160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO	W. Rick RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 218-56-	URITY NO. 17 INFORMANT HOWA	F. ard W. Rick(Father 11e, Maryland 208	
Tr, BATTI	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), o SED BY: ATE CAUSE (a)		Anet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The low requires that the death or contending physician. After this certificate has been signed by the attention as the burial-transit permit. Then please remove continual many many many many many many many many	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost. PART 2 OTHER SIGNIFICANT The DATE OPERATION The DATE OPERATION	Encesta	JENCE OF CLEANED TO THE TER	MINAL DISEASE OR CONDITION GIV	WERE FINDINGS USED YING CAUSES OF DEATH
ON OF VITA HYSICIAN. Th ding physicia is certificate burial-transit Mental Hygie	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHER MEDICAL EXAMIN 21d. IN JURY OCCURRED	EATH HOUR A.M. MONTH E	211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I ORPART 2)
DIVISION ING PHY After this as the but th and M Inched on	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
TTEND optol or TTEND of Heol		pitol) ottended the deceased from 12/1/2 19_19 view the body ofter death.	B6, and that in (my Tour) opinion DEGREE	n death occurred on the date and hou	19, that (N (we) list r and from the couses stated
by the by the ERAL D edetace edetace Store D ANT: If J	27d PHYSICIAN'S NAME ITYPE	3 TCml		MEDICAL STAFF STRECTOR PHYSICIAN	1/2/80
TO HOSPITA TO FUNERA should be d with the Sto	Douglas R. Sh	umaker, M.D.	615 West Mo	ntgomery Ave. Rocl	kville, MD. 2085
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	3, 1987	Name of cemplery or crematory etropolitan Crematory	Alexandria, Vi	county STATE
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTORObert			ATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	300 West Montgom	ery Avenue Rockv	ille, Maryland	AN 6 1987	



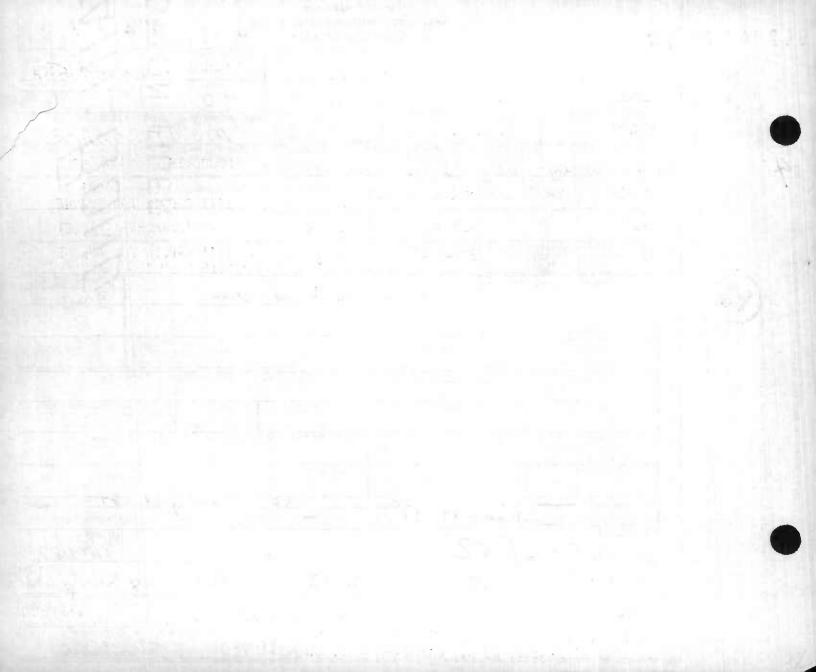
. 3 Lynn 2H mos.hynkur Z1806\ Notation 3. Alexandria, V. TOTTO. 20044- By6 Stille F. Morton, 2410 Stillmanin,

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Son 4012 Gallows Road 276-52-8542 Edward J. Stano Amerikale, Vo. 42063 I I MARTINE SATISFIES AND ALCOHOLOGICAL STREET Sin it if 1997 in the property of the second state of the second s Marie San College Co. The Holmer for a willing of those grain It.

42949 FEB		FOR STATE REGISTRAR		PARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	02594
ge 4 may be ector, page 3 rs after death			P. PACE WHITE	ST2	AST DIF BIRTH CEMBER 22 YET896	JANUARS	OCT X / O COM M
s offer death. Par by the funeral direction of the second		RTHPLACE (STATE OR FOREIGN AUSTRIA ITY OR TOWN OF DEATH LVFR SOR IN	7b. CITIZEN OF WHAT COU U. S. A. 11. NAME OF HOSPITAL, 1 (IF NOT IN SUCH FACILITY, GO H) L. J. C. C.	MARRIE	7.9-1	9. BALTIMORE CITY O	
d within 24 hour mpletely filled in and 2 should be it kramner must be	130	AL RESIDENCE OF NURSING HOS MARY LAND 13MO ATHER'S NAME JACOB'		e before admission) EROVSPRING IK	13d. INSIDE CITY LIMITS? YES \(\text{Y} \) NO \(\text{STHER} \) ESTHER	WE	ZIP CODE 20901 ADDINGTON AVENUE UNASCERTAINABLE)
n and car Pages 1		WAS DECEASED EVER IN U.S.	ARMED FORCES? 165 SOCIA 579 – 3	AL SECURITY NO.	17 INFORMANT JOSEPH STO	NE, 1111 PC	SPRING MARYLAND APPRONAIS INTERVAL BETTER ON SET AND DEATH
equires that the dearth is agreed by the arthur please remove to buriol, cremation injury, or other fround!	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A COM	NSEQUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN PART I (a)
sicion.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED 21c. HOW INJURY OCCURR	YES NOTE NATURE OF INITIAL	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
NOING PHYSICIAN. T	MEDICAL CE	OR CONTRIBUTING CAUSE O (IF EITHER, NOTHER MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (there	HOUR A.M. MON' P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY.	OFFICE, FARM, ETC.)	211 LOCATION STREET	city or to	OWN COUNTY STATE
CO HOSPITAL OR ATTERIOR TO FUNERAL DIRECTOR FOR MAIN THE Store Dept of them 21		226. SIGNATURE	d not) view the body ofter death	19.67	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STA	CIAN 1/29/8/
BP———	230	BURIAL CREMATION, REMO			EMETERY OR CREMATORY LEBANON CEMET	23d LOCATION	PRINCE HI, GEORGES. MARYEANI
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	DUNALIDOM. STE	IN HEBREW MEMON	RIAL FUNE WASHINGTO	RAL HOME 250 DATE ON, D. GLAN 2	9 1987 Jul	256, REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR TTYPE OR PRINTS Sullivan Anne. 3:00 M 4. RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 1910 hemale Caucasian Dec. TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ttaly U.S.A. Montgomery WIDOWEDYX DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Tindian Spring Drive TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring Homemaker Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 20901 Maruland Mantaamoru ilvon Spring 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frank Paulino - סאחמאמ ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3914 Lantern Dr. (IF YES, GIVE WAR OR DATES) son 578-09-9881 18 CAUSE OF DEATH (Enter only one couse per line for id), (b), and ici PART I. DEATH WAS CAUSED BY mente IMMEDIATE CAUSE DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a, DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21f. LOCATION 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 238 BURIAL CREMATION, REMOVAL (SPECIFY) Jan. 5, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial

Francis J. Collins Jr.

University Blvd. W. Silver Spring. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

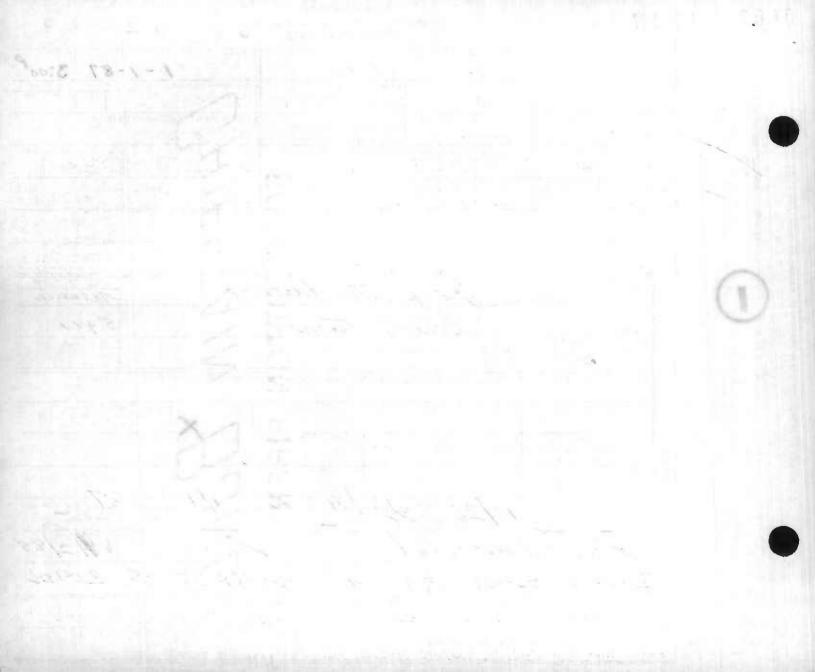
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

040248 JAN -8

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)



STATE REGISTRAR DECEASED NAME TYPE OR PRINT death P. Melvin 3 SEX 4 RACE Male Caucasian To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Washington, D.C. United States 10 CITY OR TOWN OF DEATH Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY Maryland Montgomery 14 FATHER'S NAME MIDDLE Pierce BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATEST WW II Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost CERTIFICATION 19a DATE OF OPERATION 19b C 21g. ACCIDENT WAS UNDERLYING 21b. T HOI OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. P NOT WHILE 22a I certify that (I) (the proposal) attended the deceased from saw the deceased alive on November obove, (1) (see) toda (did not) view the body ofter death 22b. SIGNATURE FUNERAL 22d PHYSICIAN'S NAME (TYPE OR PRINT) should be MPORT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2ª DATE OF DEATH MONTH 26 HOUR Sullivan January 8, 1987 3:37AM 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR October 29,1920 66 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Montgomery County, WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! U.S. Gov't. Glazer Suburban Hospital 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Rockville NO [6000 LeMay Road 20851 15 MOTHER'S MAIDEN NAME LAST MIDDLE Sullivan Jeannette Taylor ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT 577-16-9000 same as #13 Betty L. Sullivan wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 1987

ONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? YES NOW	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH
IME OF INJURY JR A.M. MONTH DAY Y P.M.	EAR 19	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	
LACE OF INJURY	211 LOCATION	CITY OR TO	OUNTY COUNTY	AT2

ATTENDING

Parklawn Memorial Park Rockville

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (age) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNED January 9 1987

Margaret T. Snow, M.D.

22e ADDRESS 9013 Flower Ave.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Jan.

Burial

Silver Spring, Maryland 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

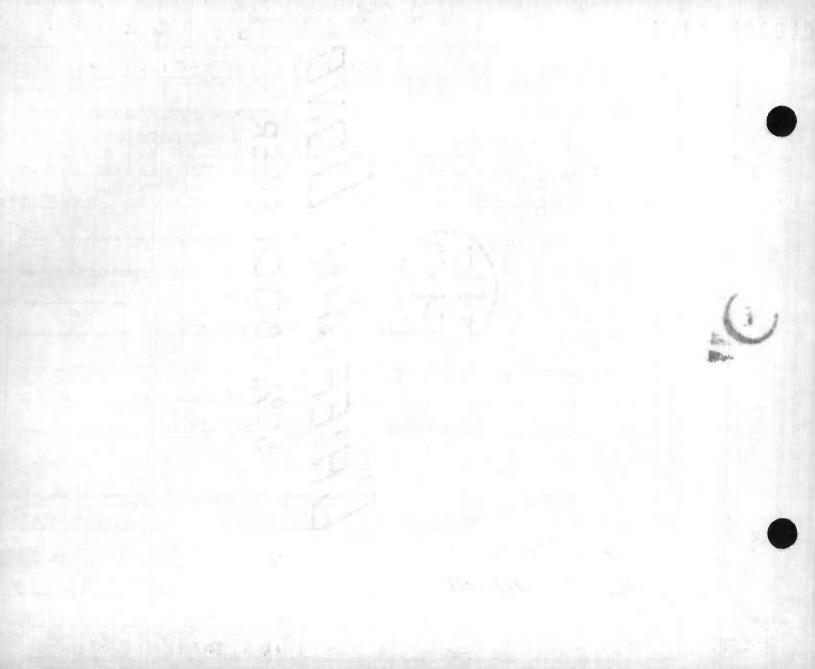
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24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A 250. DATE REC'D.

800 West Montgomery Ave. Rockville, Maryland

12, 1987

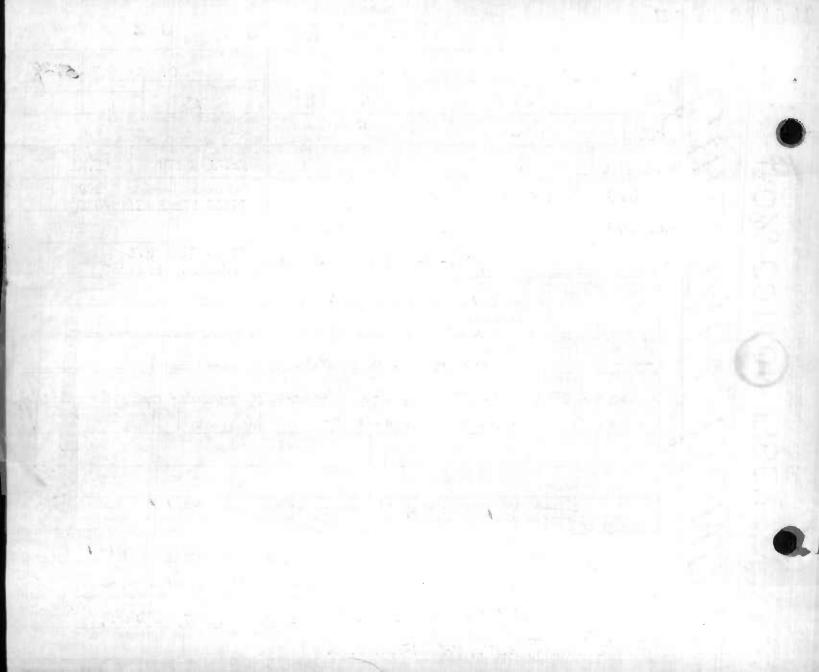




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5				DECEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
1	\$ 540 640		1	TYPE OR PRINT)	w t		Swe	enev		1-26-	87 1	1:55 PM
	60 00 1		1	SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI		ERIYEAR IF	UNDER 24 HRS
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-	6 50	2	10	BIRTHPLACE (STATE OR I		OF WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DI	EATH	
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AND 2	filled filled	B	9	MD MD	Ment.	Be the sd	WN Q	13d INSIDE CITY LIMITS? YES NO [9505 Ewin	ZIP CODE	208	317
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M. M.	2 6	135	O	James	A •	Sween	ey	Bridget	· · · · · · · · · · · · · · · · · · ·		Rowla	nd
2	5 0 F	11	16	WAS DECEASED EVER	IN U.S. ARMED FORCES		CURITY NO.	17 INFORMANT	ADDR	ESS		
WO	0.0	1/		Yes	WW I	220-34-	4088B1	Mary E. Swe	eney Same	as Item #	13	
ALT	2 00	. #	F		H (Enter anly ane cause)	per line for (a), (b), o	and (c)				APPROXIMAT BETWEEN ONS	E INTERVAL
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3	1 41	5 4		cause (a), statin underlying cause		OR AS A CONSEO	UENCE OF			To the last		
201	£ 54	0.0	1	DARI 2 OTHER SIGN	(c).	CONTRIBUTING	DEATH BUT	NOT RELATED TO THE TERM	THE DISCLASS OF COL	IDITION CIVEN IN	DADY 1	
50	Nen Paris	10 10		E PART 2 OTHER SIGN	- CANT CONDITIONS	CONTRIBUTING	DEATH BUT	NOT RELATED TO THE TERM	MAR DISEASE OR COL	ADITION GIVEN IN	PART ING	
80	1 12	1 :-		19a, DATE OF OPERA	TION 19h CON	NDITION FOR WHIC	'H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	E FINDING!	SUSED
38	2/10	1	1	2	_			THE STATE OF THE S		IN CERTIFYING	CAUSES OF	DEATH?
TAL	-(18	10		210. ACCIDENT WAS UNI	DERLYING 71h TIMI	E OF INJURY		21c HOW INJURY OCCUR	YES NO P	YES		NO 🗌
2	4	1/	2	OR CONTRIBUTING	CAUSE OF DEATH HOUR	A.M. MONTH	DAY YEAR	-	LED TENIER NATURE OF IN	SKI BATIEM IS PART TO	N FORT 23	
Z	N. P.	1	7	21d INJURY OCCUR		P.M. CE OF INJURY	19	211 LOCATION		-		
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	E A SHA	2 2	П	22h. SIGNATURE	144			DEGREE ATTENDING	MEDICAL STA		22 DATE SIG	SNED
_	A Man	# z_	_	1 / MM	175		/	PHYSICIAN E	DIRECTOR PHYSI	CIAN .	Lt	87
	HOSP BLINE Suld be	PORTA		22d PHYSICIAN'S N	AME (New York Trainer)			71DI MANAL	Park A.	She So	ing 7	20110
	5 8 8 8	137	2	30 BURIAL, CREMATION,				EMETERY OR CREMATORY	23d LOCATION	1	1	
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noy be poge 3			CEASED NAME FIRE	RWIN	MIDDLE	TH	IEBERGER .	20 DATE OF DEATH MONTH DA	4120
oge 4 morrector. po			LE	4 RACE WHI			N. 6, 1908	78 YRS.	FUNDER LYEAR IF UNDER 2-14RS ONTHS DAYS HOURS MIN.
deoth. Pe	orbace	PE	RTHPLACE I STATE OR FOREK DAND TY OR TOWN OF DEATH	us		WIDOWE	D NEVER MARRIED D DIVORCED D	P BALTIMORE CITY OR COUNTY OF	nery MD.
10 set filed with		B	L RESIDENCE IF NURSING	(IF NO	OT IN SUCH FACILITY, GIVE		spital	(TYPE METAL SMITH	126 KIND OF BUSINESS OR INDUSTRIAL
LAND 2 hin 24 ho shottled i	35	13M2	THER'S NAME	ONTGOME	RY 13WHER	TON	13d INSIDE CITY LIMITS? YES NO NO	1305 VIERS MI	20902 LL ROAD
MAR)	50	EI	.IACHYO	WIDDIE		BERGER	JOHANNA	WIDDLE	GICHNER
be execu	e medical		S. NO OR UNKNOWN) (IF	I.S. ARMED FOR YES, GIVE WAR OR D		42-6511	HANNA BLAZ	R, 11796 ROWE ROA MONROVIA, MARY	LAND
T. BAL Historia physics neorge	went, fi		18 CAUSE OF DEATH IE PART I. DEATH WAS O	nter anly ane ca CAUSED BY: AEDIATE CAUSE			bailure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SECORDS, 201 W. PRESTON for requirement's double or to been signated to otherder error. Then places remove corb prior to flain of, committee or	o any injury, or other traumatic	CERTIFICATION	PART 2 OTHER SIGNIFIC	ich ofe the ost CANT CONDITIO	ONS CONTRIBUTION	SEQUENCE OF MM - C G TO DEATH BUT VHICH OPERATIO		AINAL DISEASE OR CONDITION GIVE SIP infanctus piges 200 AUTOPSY? 200 IF VES, IN CERTIFY	
SHON OF VITAL Perfsicials: The rending physician this candicate in the benedictural of not Mental Hygien	ed or New High	MEDICAL CERTI	12 - 20 - 66 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	OF DEATH HO	TIME OF INJURY DUR A.M. MONT P.M. PLACE OF INJURY HOME STREET, FACTORY, C	H DAY YEAR		YES NO YES RED (ENTER NATURE OF INJURY IN 11EM 18 PAI CITY OR TOWN	
PIOSPITAL OR ATTENDING torsed by the heightel as off D. FUNERAL DIRECTOR: After would be detucted for use as!	ORTANT, If them 21 is marke		WHIE DOT WHIE AT WORK 220.1 certify that (1) (m) saw the deceased of above (1) (we) (find) 22b. SIGNATURE 22d PHYSICIAN'S NAME	hospital attentive on did not view the	e body after deoth.	19. 87 , or	DEGREE ATTENDING PHYSICIAN	death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN Blown, Rockville	221. DATE SIGNED 1 - 1 - 8 7
0 € 0 € ¶	1		URIAL, CREMATION, REM	OVAL 23b D	4/1987		EMETERY OR CREMATORY	23d LOCATION PRINC	E HARMANIO
DHMH - 16 60M (VRA 15, 4		2001	WARD MCTOSTEI 2 CARROLL ST	N HEBRE REET, N	W MEMORIA	L FUNERA	L HOME 250 DA	TE REC'D. BY REGISTRAR 256 REGISTR.	AR'S SIGNATURE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH GISTRAR REG. NO LAST 20. DATE OF DEATH MONTH TIECEASED NAME 26 HOUR (TYPE OR PRINT) Sarah Thomas January 10 6 AGE LIN YEARS LAST BIRTHDAY IF LINDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH MONTHS DAYS HOURS 20 Female 20 Black YRS. TE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County DIVORCED [Md WIDOWED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unemployed Olney Montgomery General Hospital
USUAL RESIDENCE (IF NURSINGHOME OR OTHER INSTITUTION GIVERESIDENCE OFFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13L CITY OR TOWN 13238 Highland Rd/20777 Highland Md. Howard NO 15 MOTHER'S MAIDEN NAME M FATHER'S NAME FWST Laura Holland Kenneth Wilson ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 216-24-6735 Earlene Hebron No (sister) same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c PART I. DEATH WAS CAUSED BY: 3 m 66 Mg IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF cereprosoziolar Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Jalesar 2000 0176010 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 - IDYES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? GangReno NO YES 7 YES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR LOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify the (13) (this haspital) attended the deceased fram. Dec sow the deceased alive of the sold of the deceased of the sold of and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23¢ NAME OF CEMETERY OR CREMATORY Hopkins Cemetery Highland, Howard, MD

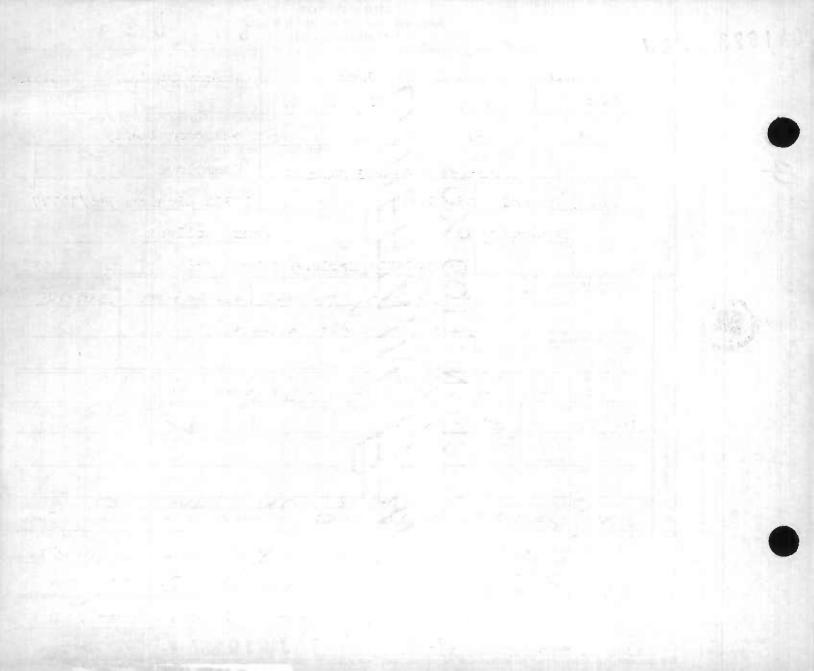
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

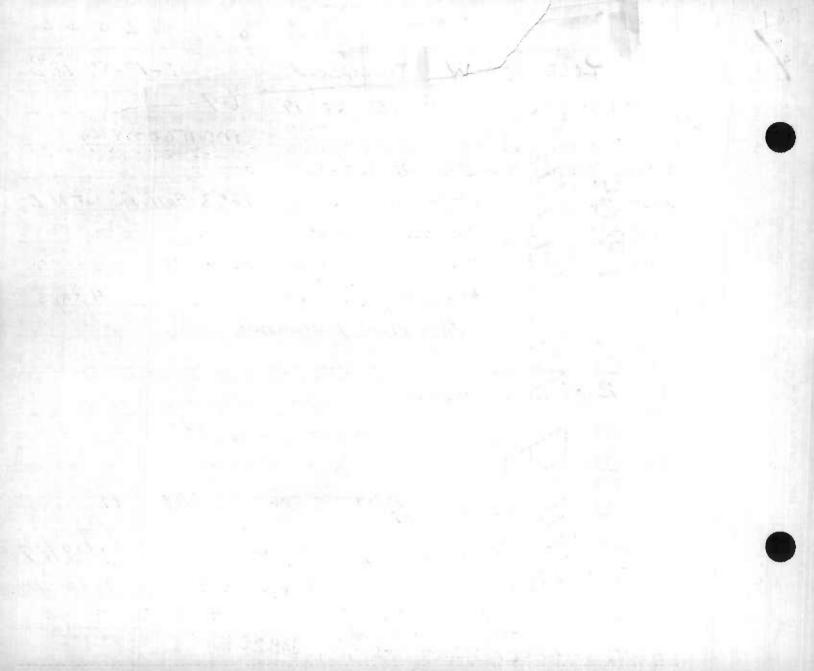
George R. Snowden Rockville, MD 20350

1-16-87

246 N. Washington St 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND 1490 JAN 21 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. Thompson 26. HOUR Timitord 20. DATE OF DEATH 1. DECEASED NAME MONTH TYPE OR PRINTS CLFORM 3. SEX AGE IN YEARS LAST BIRTHDAY White 19 RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Tenn. MONT GOMERY USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Currier HOLY CROSS HOSPITA VSUAL RESIDENCE (NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ZIP CODE Washington YES NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Herbert Brooks Thompson Carrie ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 113 16 6596 Theresa ThOmpson (Wife) Same as 13E WWIT Armv 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: piraton days IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF helemania Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PONKIUSON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM ETC I AT WORK AT WORK 220-1 certify that (1) (this hospital) attended the deceased from now the decision of _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated Th SIGNATURE DEGREE 220 DATE SIGNED MEDICAL ATTENDING PHYSICIAN POIRECTOR PHYSICIAN 22e ADDRESS 274. PHYSICIAN'S NAME (LYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1/22/87 Fort Lincoln Brentwood Md TATE REC D BY SEC ISTRAR 250 REGISTRAR S.S.IGNATURIAL 24 FUNERAL DIRECTOR 11800 New Hamp. Ave. SHANH - 16 60M 7/84 (NACA / Silver Spring, Md. (VRA 15, 4)



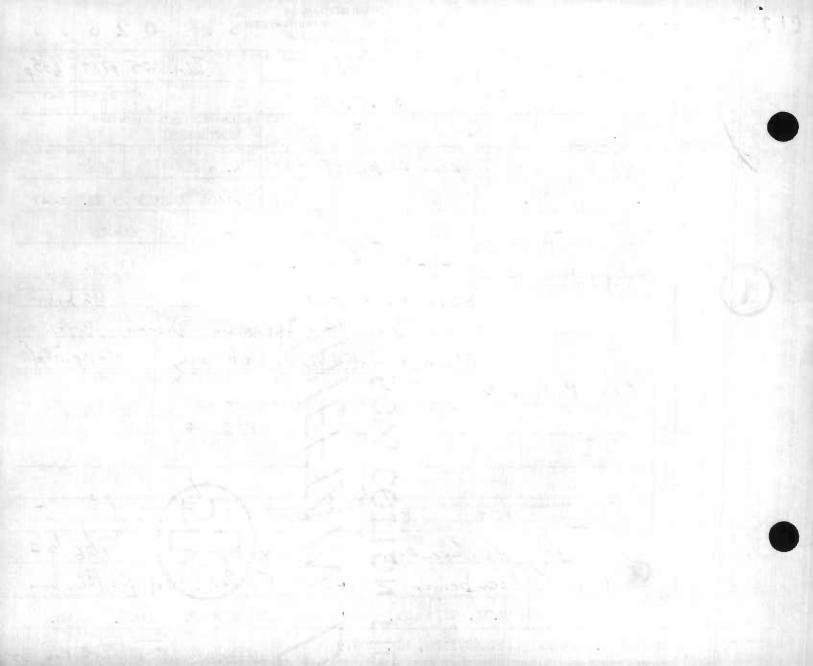
1.2712 550	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	YGIENE / REG. NO.	2000
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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Pod pod 1777	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	A BALTIMORE CITY OF COUNTY	Y OF DEATH
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2 10 to 10 t	Silver Spring	Althea Woodla	ing HOME OR OTHER INSTITUTION of Silver Spri	12ª USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Navy Dept. Th	126 KIND OF BUSINESS OR INDUSTRY
213 Po 2 2 13	JSUAL RESIDENCE (IF NUNSING HOME OR 30 STATE DC N	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c, CITY OR TO' Wash	YES NO	2712 WI Ave. 1	WW 200079999
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BALTIMORE, MARYLAND cuted within 24 completely filler 1 and 2 should 1 and 2 should	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) Yes	E WAR OR DATES)		ell RFD # 1 Box 16	
BALL	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ally one couse per line for (o), (b), o	nd total	15 1-0	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
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TENDIN Olfol or of TOR Aft for use of of Health	22s.1 certify that (1) (this hasp	toli attended the deceased from	8), and that in (my) (our) opinion	on death occurred on the date and ha	that (I) (we) lost our and from the couses stated
hose hose hose heed ept.	27% SIGNATURE	Newythe Gody arter death.	DEGREE		22c. DATE SIGNED
AL D AL D AL D Ste	1	103 0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan. 25,1987
TO HOSPITAL TO FUNERAL should be det with the Store	22d. PHYSICIAN'S NAME ITYPE O		22e ADDRESS	Dr. Master Mass	20006 bress
Og Og W		BENACK M.D.	NAME OF CEMETERY OR CREMATOR	Dr. Wheaton, Mary	Talla 20900
709 BP 00	30 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/28/87 M	t. Olivet Cem.	Wash., DC	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	FUNERAL DIRECTOR Joseph	Gawler's Sons, NW Wash., DC 2		BRZ D. BY 1987 RAR ZSE REGIS	THIS SOUNTED AND

STATE OF MARYLAND

For: 2 70 L. Francis 18 To ye office the first that the first that the first the first that the first the first that the first the fi distributed the control of the state of the 2002 M. Fet 12 125 22 22 146 M. 20029 NO BOACE IN THE PROPERTY OF THE PARTY OF THE and the state of t 344 a com a mai de la compania del compania del compania de la compania del compania and I that the state of the sta TEST IN A SECURE OF THE SECURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 26 DATE OF DEATH MONTH (TYPE OR PRINT) 12 Allen Norman Thrift 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Male Caucasian 10 13 & BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington, D.C. USA Montgomery County WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Plant Superintendant Sand & P.G. 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Maryland Hyattsville. 20783 2309 Calvert Street M. FATHER'S NAME S. MOTHER'S MAIDEN NAME Ray Allen Julia Estelle Revnolds ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes NO OR UNKNOWN) W. W. TI Evelyn L. Thrift (Wife) Same as #13 216-01-8595 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION 16 Hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCUETROTIC HEART DISEASE YEARS Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEMAS PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURPED 211. LOCATION 21e PLACE OF INJURY COUNTY AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the decrased from. BEFORE 1987 saw the deceased alive on_ and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above (1) (we) (did) (did not view the body after death DEGREE 224 DATE SIGNED MD MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNER old be d 22d PHYSICIAN'S NAME 22e ADDRESS 1106 SPIZING ST. HIZNOLD SILLIETZ SPRING MI 0 % 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Brentwood 01/15/87 Fort Lincoln Cemetery Burial P.Gout Maryland BP. Mana Deschasch's Sons Funeral Home, P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 4739 Baltimore Avenue Hyattsville, Md. 20781 ulia Davidson Rondock (VRA 15, 4)

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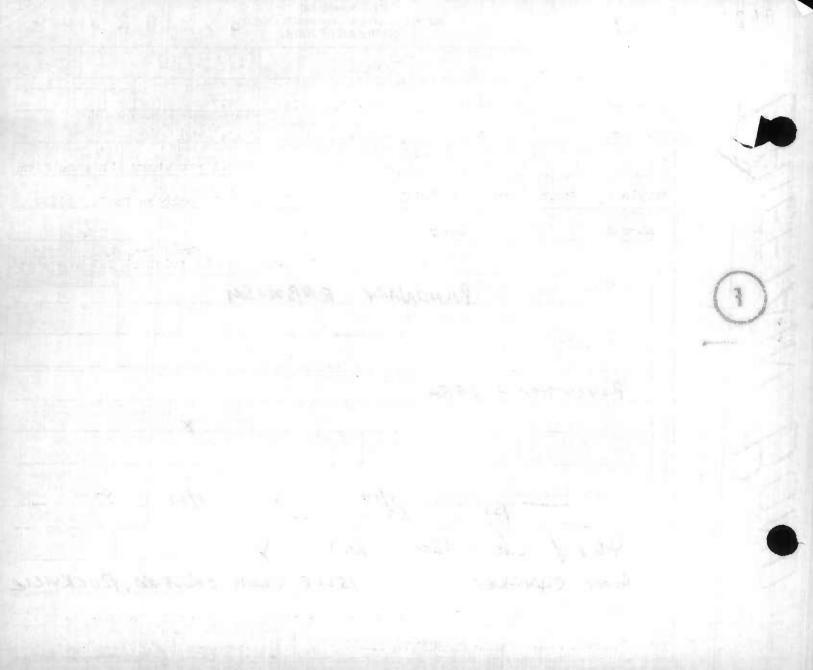
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1/	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-68-4192 THEIN HAN (CONSIN) WHEATON, MARYLAND 20	906
1	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) SETWEEN ONSET AND DEA	
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	K. NOSSULI 5620 shelds drive Betherds M	/
2313	230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION	-
	CROMATION JAN. 31, 1987 CHAMBERS CREMATORY RIVERPACE P.G.CO. MARYLAN	10
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WH - 16 60M 7/B4 (VRA 15, 4)	CHAMBERS FUNERA HOUR SULEN SORUE MARKU AND EB 4 + 1987 The Director Randons	



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PORT A		Patrica	Kel	logg, M.	BU		809 V	iers M	ill Rd.,	Rockvil	le, MD	20851
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RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Equires that the dear confliction to executed within 35 had signed by the other life and completely lifed in the please relieve to buring. Pages, and 2 sloud better to buring, cremarities.	NO		nediote ng the lost	(b)		NCE OF	NOT RELATED TO THE TE	ERMINAL	DISEASE OR CONI	DITION GIVE	N IN PART TO	
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TO HOSPITAL retained by 11 TO FUNERAL should be detained to with the Store IMPORTANT.	230	ALAN BURIAL, CREMATION,	CHA	NACES 123b DATE	, 23r. N	NAME OF C	220 ADDRESS /SVJ SA EMETERY OR CREMATOR		3d. LOCATION	ERD,	ROCK	KULLE
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		UNERAL DIRECTOR					25a. D		D. BY REGISTRAR	256 REGISTR	AR'S SIGNATUI	RE
DHMH - 16 60M 7/B4 (VRA 15, 4)	IV	es-Pearson	F.H.	FALLS	CHURCH,	/A 22	046	A 41 8	7 7 4007	. 1	200 6 1 LA	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 4. RACE IF UNDER 24 HRS 3 SEX 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE LISTATE OR FOREIGN 76. CITIZEN OF WHAT MARRIED X NEVER MARRIED WIDOWED DIVORCED Montgomery 176 KIND OF BUSINESS OR INDUSTRY Navu Personnel Office Silver Spring Holy Cross Hospital MISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Kensington 3511 Dupont Avenue Maruland dontaomeru 20785 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Thomas Traunor Margaret O' Connect-17 INFORMANT Daughter In Lawress 9306 Piney Branch Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Silver Spring. No 219-34-945 Traunor Md. 20903 APPROXIMATE AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stoting underlying OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONDITION GIVEN IN PART 1(0) CERTIFICATION 78h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 2H LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITE OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 27a | certify that (1) (fais hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred with date and hour and from the causes stated obove, (1) (we) (did) (did not) yew the body of 226. SIGNATURE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 224-PHYSICIAM'S NAME (TYPE IN THE 22e ADDRESS d b £ 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY Jan. 14, 1987 Ft. Lincoln Comptony Brantwood Pr 4 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blud. W. Silver Spring. Md.

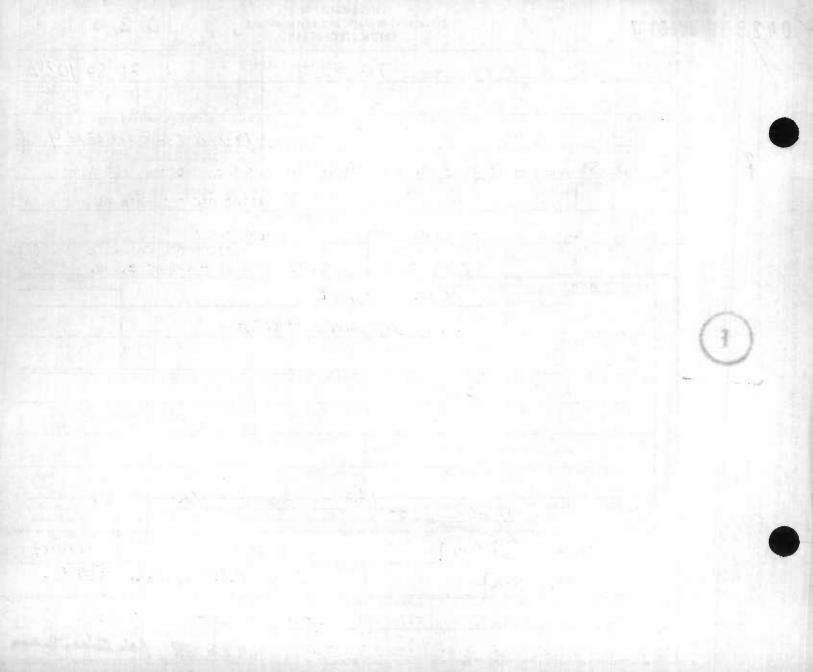
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BALTIMORE	sicso pers of.		18 CAUSE OF DEATH	Enter anly ane cause pe	r line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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*	2 6	1	underlying cause	last.	MAS A CONSCIONAL OF			
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DIVISION OF VITAL RECORDS,	Priory Prior	CERTIFICATION	190. DATE OF OPERATIO	ON 196 CONE	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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	OR A DIRECTOR DIRECTOR OF Them	161	276 SIGNATURE	Le		DEGREE		1221. DATE SIGNED
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			5	SECINO261		9410	old ocharin	M Much
	5 6 5 4 × X	23a	BURIAL, CREMATION, RE	MOVAL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	BP		Burial	1/26/1		on National	Arlington,	Virginia STATE
		24	FUNERAL DIRECTOR	12/20/3			TE REC'D. BY REGISTRAR 256. REG	
	DHMH - 16 60M 7/B4 (VRA 15, 4)	Δ	rlington Fur	eral Home	Arlington,			Julia Strider Kindres
	(, .,	41	LILIIGEOII I UI	TOTAL MONIC			THIS A IGA! (



		STATE OF MARYLAND
04327 R FFR -	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
0 10 160	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
/	1. DECEASED NAME FIRST	MIDDLE LAST SO 20. DATE KNOWN WONTH DAY YEAR 126 HOUR
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10 88888	3. SEX 4. RACE	- Jan Jan
23.25	J. SEA	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d MOURS MIN. PRONOUNCED
Y S S S S S	M White	Oct. 26. 1925 61 VRS. DEAD Jan 29. 19 8-10 FM
対域に対する	To BIRTHPLACE (STATE OR	78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
日野の見をファ	FOREIGN COUNTRY)	
ZEW S	New York	usit the second
A STATE OF	A CALL	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTINE SUCH FACILITY, GIVE STREET-ODRESS) 120. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS) OR INDUSTRY
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ESSA A	14. FATHER'S NAME	15, MOTHER'S MAIDEN NAME
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8 88 88 × 80 −	Joseph	Tremante Antoinette Iorio
M M 2002 1	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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1 NO 1 NO 1	18 CAUSE OF DEATH (Enter on	nly one cause per line for (a) (b) and (c))
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1	Canditions, if any, which	
N W W	gave rise to immediate	
W WWW.	couse (a) stating the <u>under-</u> lying cause last	DUE TO, OR AS A CONSEQUENCE OF
NO NA SERVICE NO	lying coose lost	(c)
ANA SUR	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
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- GEAMEN	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	
A SERVE	S Inc. Date of orthanor	
¥ 489 m 58 7	1001	YES NOW
9 HATE	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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DIVISION S CERTIFIC REDED TO SE 3 SHOUL TE DEPART OIL PRICE	21d INJURY OCCURRED	21# PLACE OF INJURY (ATHOME. 211, LOCATION
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THE WAY	AT WORK AT WORK	
A A SO STEEL	220. I certify that I taak charg	ge of the remains described above, held on Autopsy . Inspection Inquiry ., and in my opinion
ME 25 5	death resulted fram: Natu	oral causes Accident , Suicide , Hamicide Undetermined manner .
SER		TITLE (SPECIFY)
B05018	ACTUAL (
CAL EXA FINE CERT STORIE FRATH, WITE EATH, WITE	SIGNATURE	M.D. Day y MEDICAL EXAMINER SIGNED IN 27/979
	EXAMINER'S MAME	C. Passer, M.D. 1010 Comington Band Cifford Coning Md
A SECOND	(TYPE OR PRINT) John	S. Rogers, M.D. ADDRESS 1919 Seminary Road Silver Spring, Md.
+mc+<0	23a. BURÍAL, CREMATION, REMOVAL (SPECIFY)	CITY OR TOWN COUNTY STATE
BP	Burial	Feb. 3. 1987 Maryland Veterans Com. Cheltenham Pr. Geo. Maryland
DHMH - 17	24 FUNERAL DIRECTOR France	is J. Callins. Jr. 150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VR A15 ME (5))		evd. W. Silver Spring, Md. FFR 6 - 1987
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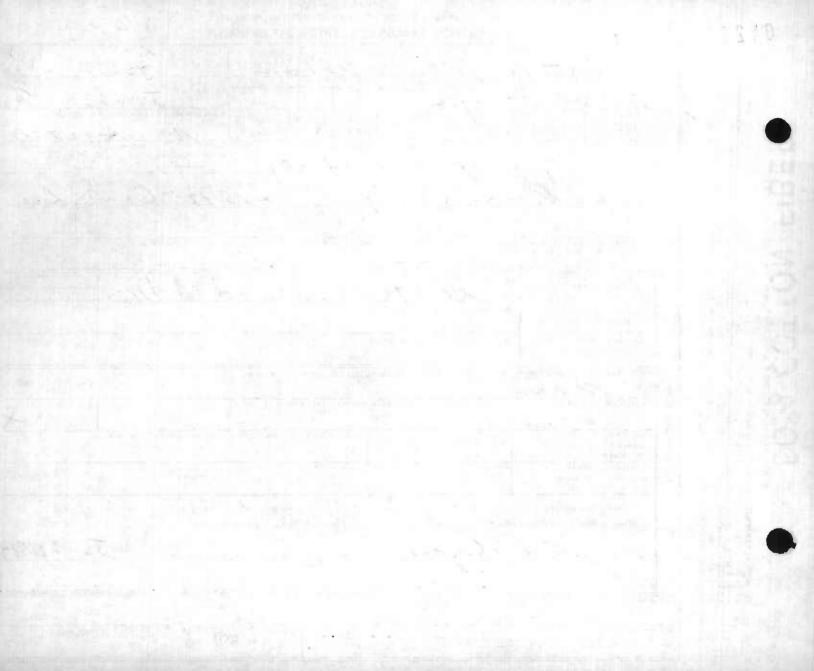


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	000	po		3 SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
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	90	hov hov	18/		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	leot	nn 7	Q /		NEBRASKA	U.S.A	•	WIDOWE	D DIVORCED	MONTGOM	ERY	MD.
	10	4 4	為人	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170. USUAL OCCUPATE		D OF BUSINESS OR RY HOTEL /
102	4	166	(20		AITHERSBURG	1850	4 GROUSE	LANE		ADMIN ASS	ISTANT RES	STAURANT
MARYLAND 217	24 hou	filled in	35	13a :		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW GAITHER	'N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 18504 GRO		20879
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RE,	and a	es - co	0		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	20879
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BALTIMORE,	1	/ x	1		18 CAUSE OF DEATH	Enter only one cause pe	r line for to), (b), and	dicii			APP) BETWE	ROXIMATE INTERVAL FEN ONSET AND DEATH
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EST	-8		5 5	3	Conditions, if ony, w	hich ((b)_						
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	a la	gne en pl	ury.	2	PART 2 OTHER SIGNIFI	ICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	T I(o·
DIVISION OF VITAL RECORDS,	Teg.	t. Th	o y	CATION								
SEC.	wo	n. los be	1	FICA	19a DATE OF OPERATIO	N 196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
TAL	F	0 0	e 2	CERTIF	21a. ACCIDENT WAS UNDERL	YING 716. TIME C	DE INTUIDY		Tal. How blumpy occurs	YES NON	YES 🗌	NO 🗌
F	Z	physi- ificot			OR CONTRIBUTING CAU		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PART	2)
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		BP		24 5				211(0)				
	DH	IMH - 16 6			NAME	ICHARD RAPP,			/30 DA	N 8 1987	Julia Divide	Pardage
		(VRA 15	. 4)		804 T ST., N.W.	, WASHINGTON, D	.C. 20009		JA	14 0 1201	0	

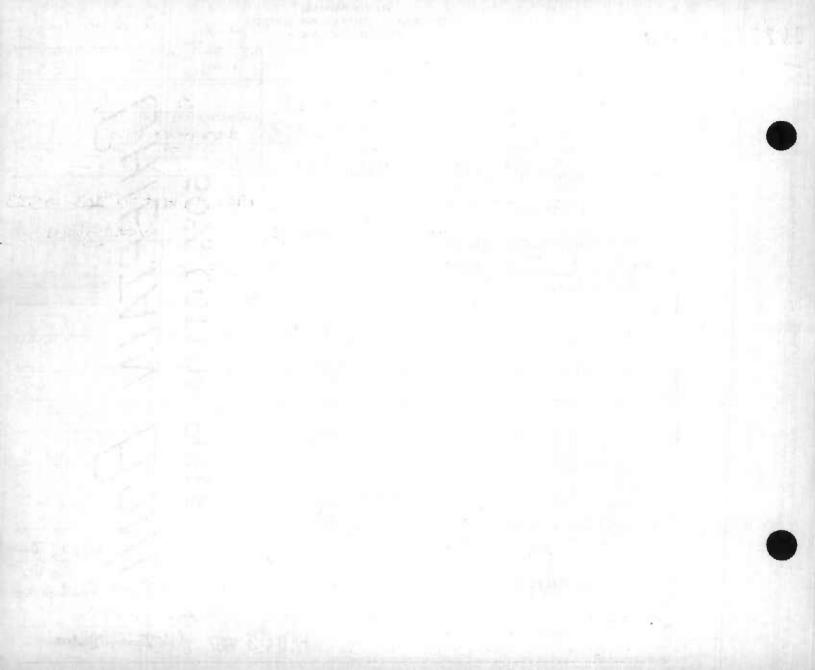


RTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO "LOTTIE 20 DATE KNOWN (TYPE OR PRINT) ESTI N 72 HOURS ON STREET, DEATH MATED 19 87 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE YOUR LAST BIRTHOAY PRONOUNCED DEAD 1987 BIRTHPLACE L CITIZEN OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGN COUNTRY Texas WIDOWED DE USA DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINES OR INDUSTRY FOR MOST OF WORKING LIFE)
Homemaker own home SUAL RESIDENCE (IF IN NUTSING 13a. STATE BALTIMORE, MD. 2120 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Mollie Mendes Tafolla 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO DIVISION PAGES EYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 464-33-1731 N/A Gloria V. Twomey - dau- (same as 13e) CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate (b). cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last BURIAL HEALTH AND M MEDICAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION **USED AS** CATE, WRITING THE WURL CREWARDED TO THE CHIEF IN FOR: PAGE 3 SHOULD BE USED I THE STATE DEPARTMENT OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL 21a EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STARMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Natural causes Accident Suicide Homicide L Undetermined manner TITLE (SPECIFY) SIGNATURE John S. Rogers. DME 1919 Seminary Rd. ADDRESS Silver Spring, Md 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Texas Bur ial 1 - 26 - 1987BP Roselawn Cemeterv 07/84 25M 24 FUNERAL DIRECTOR 11800 N.H. Aw., Silver Spring, Md. **DHMH - 17** Himes/Rinaldi Funeral Home (VR A15 ME (5))

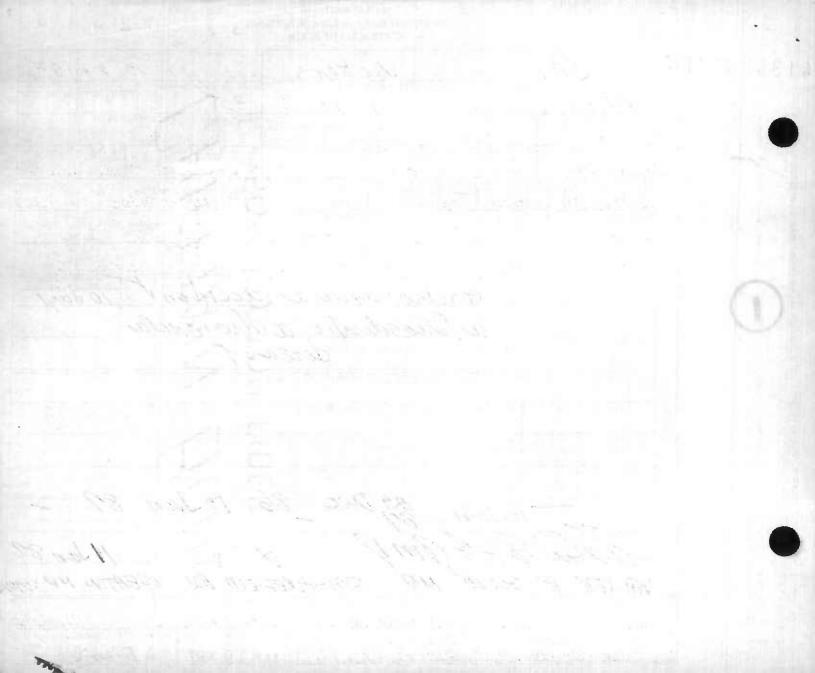
STATE OF MARYLAND



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		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR P
noy be	(11.7)	Rober	t		Vai	ighan	1-16	-87		3:37
mo)	3. SE		4 RACE		S. DATE (6. AGE IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4	1	male	B.	lack	Month	16 87	0	YRS C	00	1 52
8 4 9 A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
to a	11000	aryland	alli	SIA	WIDOW	- 21	Mont	opmen	1	MD.
13 V	II.C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPAT		26. KIND OF NDUSTRY	BUSINESS OR
	3	il wer spring	Holl	1 CtoSS	Ho	spital	None		None	2
212 hour phouse	USU.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
AND FILE				s Hyattsvi		YES XX NO	1902 AM	Wist Rd	F-303	20783
The second with the second sec	M FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
AM be did of		Robert		Russ		60ye		Va	JON	19W
Aice Side		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRI	SS	0	
JIWO		No -		None		Gayle Vaughan	, Same as	: 13	5 333	
SALI		18 CAUSE OF DEATH (Enter of	anly one cause pe	er line far (a), (b), an	id (c+.)				BETWEEN OF	NATE INTERVAL
1 111	8	PART I. DEATH WAS CAUS	ATE CAUSE (a)_	extrem	10 11	nmaturi	4			
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EST den		Canditions, if any, which	(b)_	SUSPE	cite	1 Sepsis				
F # # # # # # # # # # # # # # # # # # #		gave rise to immediate cause (a), stating the	DUE TO, O	OR AS A CONSEQU	ENCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PLOTE FIGURE AND THE BAR TO STATE THE STATE OF TH		underlying cause last.	(c)_							
S, 2(,	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN (N PART Tra	
ON O	ICATION		Tour service				755			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR 3 SEX YEAR Caucasian 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN L CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED XX Montgomery Louisiana DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ORKING LIFE) INDUSTRY Medical Supply Spec. Holy Cross Hospital 130 STREET ADDRESS / ZIP CODE Montgomery Rockville 11313 Ashley Drive Maryland 20852 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Vickers Jones Henry Mary Ann ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 1943-1964 466-10-1494 Roy C. Fletcher same as #13 Kriend 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 22a.1 certify that (1) (the bacques) attended the deceased from sow the deceased alive on. opinion death occurred on the date and hour and from the causes stated MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN E. G0021 23a. BURIAL CREMATION, REMOVAL Jan. 14. 1987 Arlington Nat'l Cemetery Arlington Burial Virginia 24. FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blvd. West. Silver Spring.



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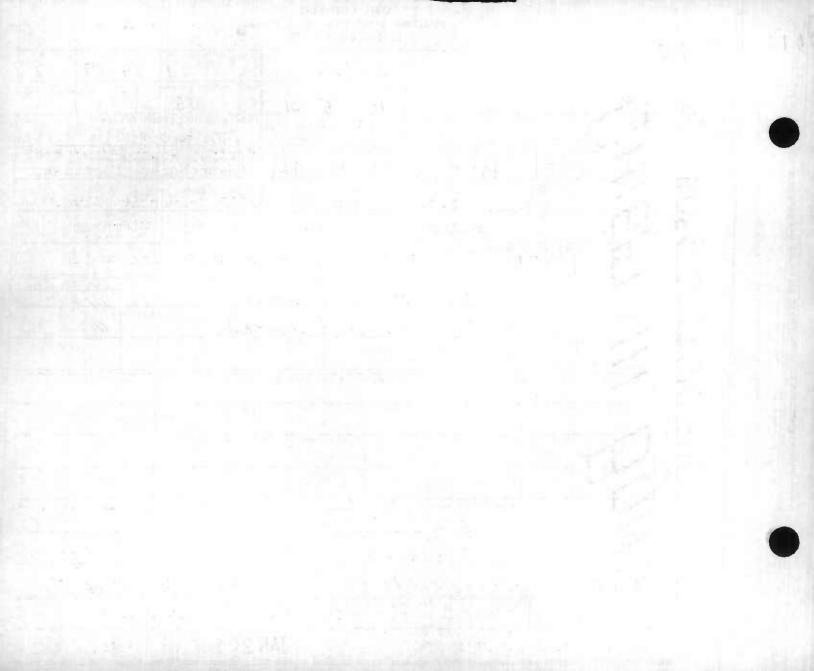
STATE OF MARYLAND



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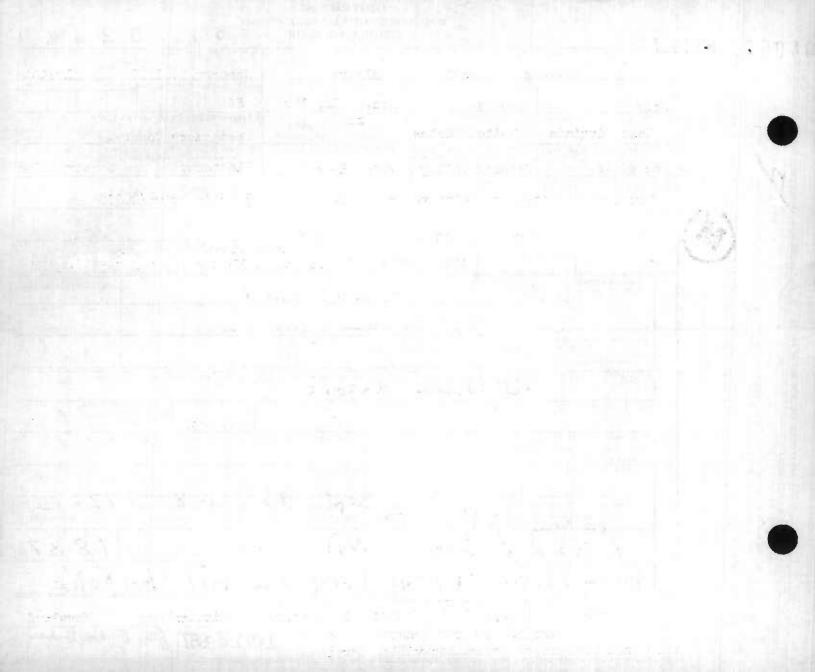
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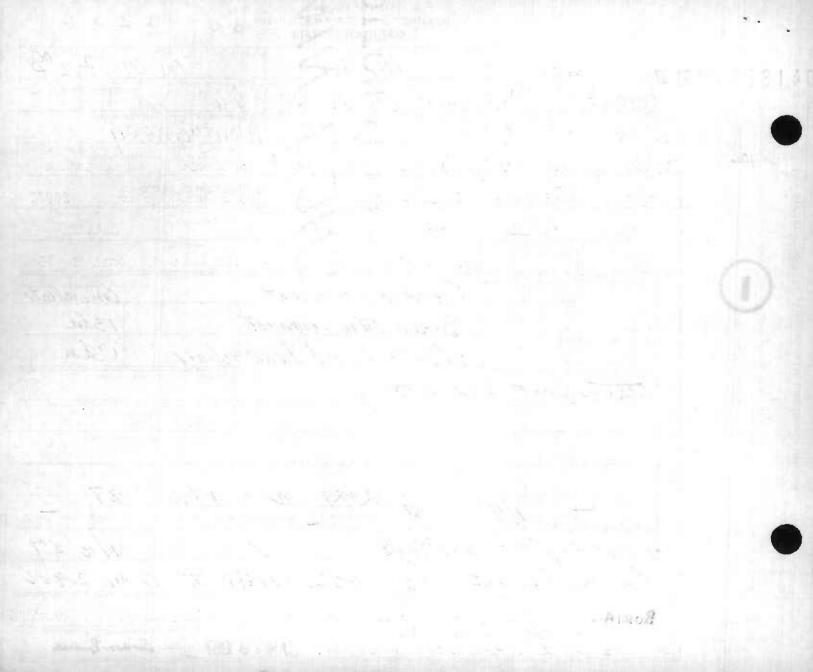
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 07 REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH (TYPE OR PRINT) January 8, 1987 Clarence Walters Neil 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE S DATE OF BIRTH IF LINDER 1 VEAR 12, 1898 Dec. Male Caucasian To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia United States | WIDOWED Montgomery County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Plasterer Rockville Potomac Valley Nursing Home Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 7 Tulip Drive/20878 Montgomery Gaithersburg YESXIX Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mary Cain Walters Tsaac Edward 17 INFORMANT (Great Niece) ADDRESS 66 SOCIAL SECURITY NO 21090 218-05-0862 Darlene Bauer 711 Andover Rd. Linthicum, Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART 2 OTHER SIGNIFICANT CONDITIONS deserse ermens 20a AUTOPSY? 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHITE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL PHYSICIAN TADIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATEJanuary 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 12, 1987 Forest Oak Cemetery Gaithersburg Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250 DATE REC DHMH - 16 60M 7/84

300 West Montgomery Avenue Rockville, Maryland

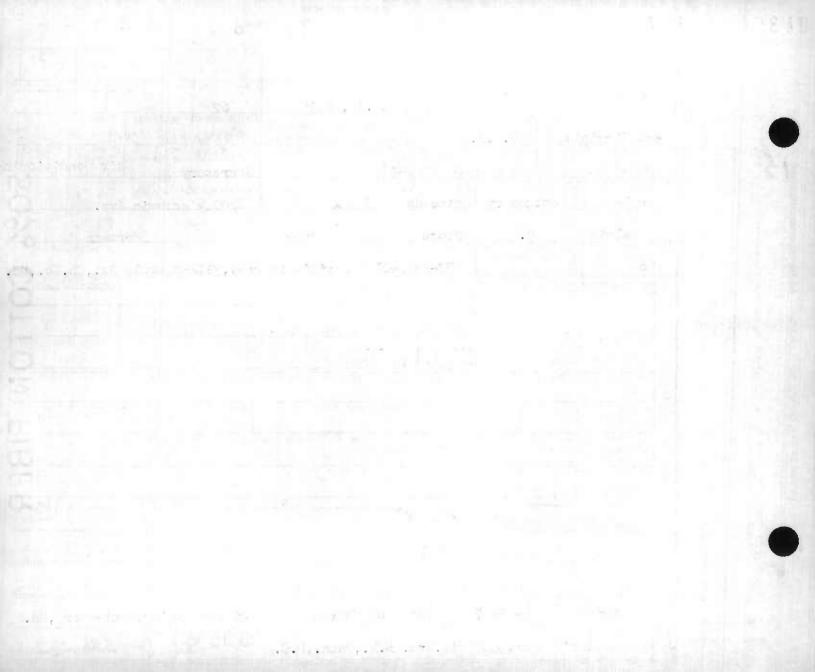
(VRA 15, 4)



STATE OF MARYLAND



(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN [] ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 21 22 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ennsylvania U.S.A. WIDOWER DIVORCED ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Ret. Supervisor USGov't Rockville Gaithersburg 136 COUNTY 124 Middlepoint Ct. 20877 Montgomery YEXX Md. ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nord Hazel White Irene WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO "Sandra Sunday (daughter) 21136 287--18-6343 3691 Southglen Dr. Reisterstown, Md III CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF artemo selerosas Canditions, if any, which CORONOR gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an and in my apinian Hamicide Undetermined manner TITLE (SPECIE EXAMINER'S NAME WISKONSIN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23(. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Rockville, Maryland 1/19/87 Parklawn Mem. Park Buria] ²⁴ FUNERAL DIRECTOR Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND

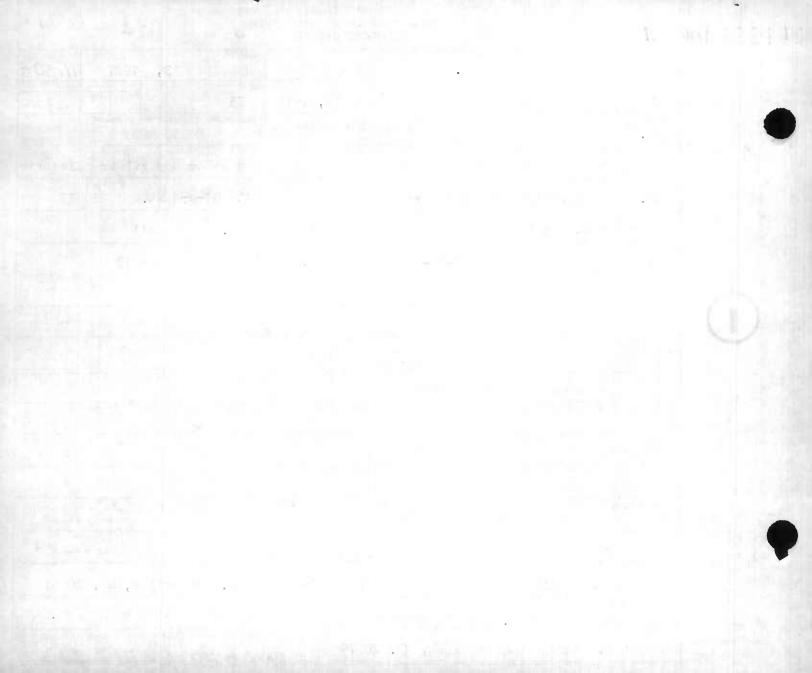
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

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		URIAL, CREMATION	, REMOVAL	236 DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			3.00
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MURIEL H. BARBER LAYTONSVILLE, MD. 20879

DHMH - 16 60M 7/B4 (VRA 15, 4)



		FOR		DEPART		E OF MARYLAND LEALTH AND MENTAL HYG	IENE	0 0		.) /
267 JAN	20	STATE REGISTRAR		DEI ARI	CERTIF	ICATE OF DEATH	REG. NO	UZ	. 0	dia f
5 e 3 e 4 e		CEASED NAME FIRST Just:		omas	Wat	SOR	Jan.	13, :	1987	25 HOUR 10:00AM
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ge 4 r		Male	Whit	te	и мом	DAY YEAR 1920	66	YRS.	ONTHS DAYS	HOURS MIN.
neral dir	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		OF DEATH	MD
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filled in bould be to	USU	AL RESIDENCE (IF NURSING HOME STATE 136 COI MD MON	OR OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 5825 OSC	ZIP CODE		08/16
nd 2 sh	JA F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	
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physicion compers. mod.		18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUS	anly one cause pe	r line lar (a), (b), ai	1	dias Death			BFTWEEN	CIMATE INTERVAL ONSET AND DEATH
		Canditians, if any, which gave rise ta immediate cause (a), staling the	DUE TO, C	OR AS A CONSEQUENCE OF AS	Corv	nany Disec	isl		5×1	ears
signed by hen plette a buriell lury, ar et	Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	OITION GIVE	N IN PART 1	a
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ertificate ial-transi ntal Hygi ntal E.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIFEITHER, NOTIFY MEDICAL EXAMIN	BEATH HOUR A	OF INJURY .M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PA	ART T OR PART 2)	
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for use of for use of Health 21 is mo		220.1 certify that (1) (the books saw the deceased alive above, (1) (we) (did)(did			86.0	nd that in (my) (our) opinian	death occurred an the da	te and hau	9. S	that (we) last causes stated
At DIRECted betoched betoched by: T: If them Dr.		226. SIGNATURE	16	5		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
should be det with the State	1	22d. PHYSICIAN'S NAME (1YP) Allen A. N			6.61	5401 Western				20015
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DHMH - 16 60M 7/84		NAME 5130 WI A	ve. NW W	ash., ADD DE	20016	The second secon	-	PO O		•

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A Day Committee

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3495 Meatern Ave, W., Menn., D.C. 20015

THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 2 0

CERTIFICATE OF DEATH REG NO MIDDLE 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINTS January 9, 1987 CP 8:00A . 6 AGE (IN YEARS LAST BIRTHDAY) E UNDER LYFAR 3 SEX 4 RACE 5 DATE OF BIRTH Female Caucasian YRS 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED North Carolina U.S.A. Montgomery WIDOWED X DIVORCED O CITY OF TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rockville 4713 Jasmine Drive Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION).
136. STATE 136. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Maryland Rockville YES [] 4713 Jasmine Dr., 20853 Montgomery NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Shields Madison Frve Lidia James Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 4713 Jasmine Drive (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 239-06-4539 Helen W. Mirabito No Rockville, Maryland 20853 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). due to, or as a consequence of the discost Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION EL CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h JE YES, WERE FINDINGS LISED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? None YES [NO I 210. ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, EARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from. saw the deceased alive an_ , and that in (my) (and apinian death accurred on the date and have and from the causes stated abave, (1) intel (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

P Burial

REMOVAL

01/11/87

236 DATE

Cross Hill Cemetery

22e, ADDRESS

Carthage

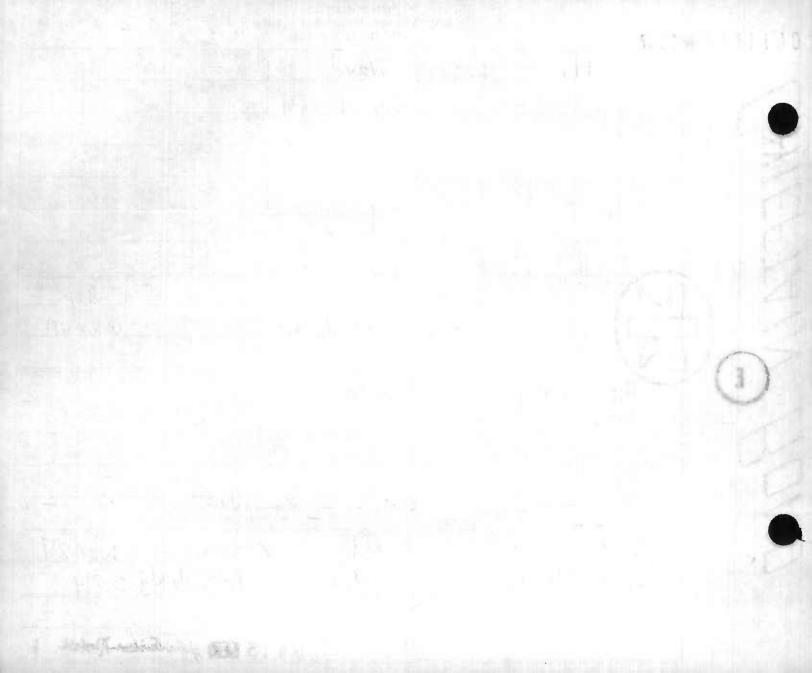
Moore

N.C.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL old be deto

24 FUNERAL DIRECTOR—Prickett Fun. Hm. ADDRESS P.O. Box 655
Carthage, N.C. AN 13 1993 felic builtan forte



STATE OF MARYLAND											
DEPARTMENT OF HEALTH AND MENTAL HYGIENES											
CENTIFICATE OF DEATH											

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14	10. C	TY OR TOWN OF DEATH	THE NOT MY SHICH E	ACHITY GIVE STREET	ADDRESS)	OTHER INSTITUTION	Tramming	ON 126. KIT INDUS	of Eusliness or TRY C&Pss or Lephone
in by	USU.	Rockville AL RESIDENCE (IF NURSING HOME O	Potomac Prother Institution, Gr	VE RESIDENCE BEFORE	ADMISSION)	-	LSuperviso		
ND 24 h		aryland Mon	tgomery	Gaithe:	rsbur	34. INSIDE CITY LIMITS?	13e.STREET ADDRESS		20879 Road#306
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DIVISION DING PHY of the tree of the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
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AL OR A the hos al Directed detoched of bept.		22b. SIGNATURE	is toph	er h		ATTENDING PHYSICIAN	MEDICAL STA		n. 23, 1987
TO HOSPITAL TO FUNERAL should be deret with the State	1	22d. PHYSICIAN'S NAME (TYPE		M D /		270 ADDRESS 8218			
Should with the Poly		Christoph					esda, Mar	yland 2	0814
BP	73a. I	SURIAL, CREMATION, REMOVA	Jani	12737		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/83 . (VRA 15, 4)	24 F	Burial UNERAL DIRECTOROBERT NAME 300. We: ROCKVI	A. Pumphi st Montgor lie, Mary	rev Fune	ral Ho	ill Cemetery omes PA 250. DA	Suitland TE REC'D. BY REGISTRAR N 2 9 1987	Marylan 251 REGISTRAR'S SIG Julia Dicordos	NATURE

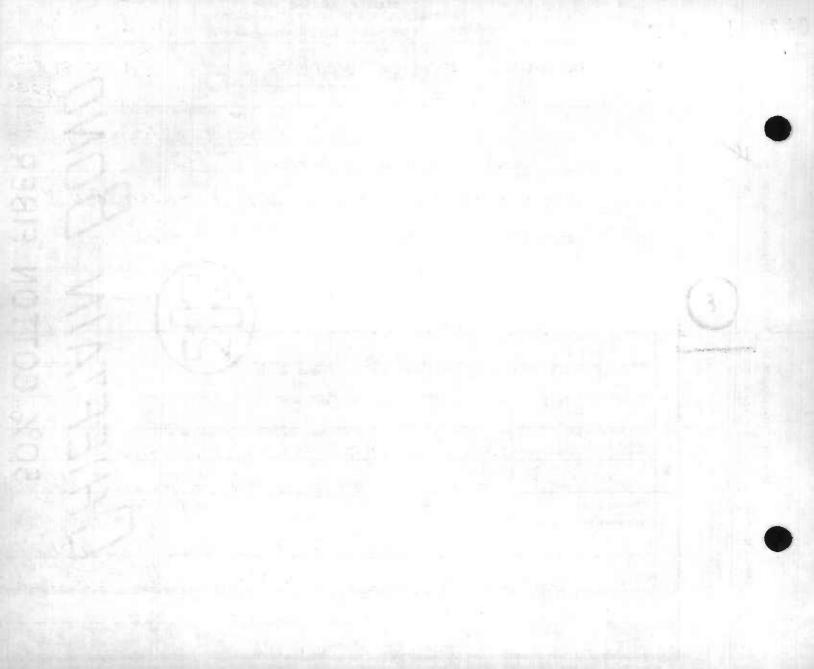


STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE STATE UNEGISTRAR DECEASED NAME RST Abigail Booraem KNOWN Wemple 26 HOUR LTYPE AP PRINTE ESTI-2133 ABIGAIL DEATH MATED Booraem DATE OF BIRTH IF UNDER 24 HRS 24 HOUR 2/33 2c. DATE LAST BIRTHDAY PRONOUNCED Female White DEAD In BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New York United States WIDOWED T DIVORCED MONTGOMERY L CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Mathematician Navy Dept. 20879 13b COUNTY 30 STATE CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland MUNTGO MUTC GHITHERSGURG 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Putnam Horace Russ Wemple Van Nostrand Abigail 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 700 Copley Lane LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Christopher Y. Wemple, Silver Spring, MD 20904 214-42-8796 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIC PULMIN 1972 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RUG INGGETTIE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO IL MENT TO BU 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING 1830 P.M. CONTRIBUTING CAUSE OF DEATH TOOK 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE AGE 4 SHOULD BE FORW

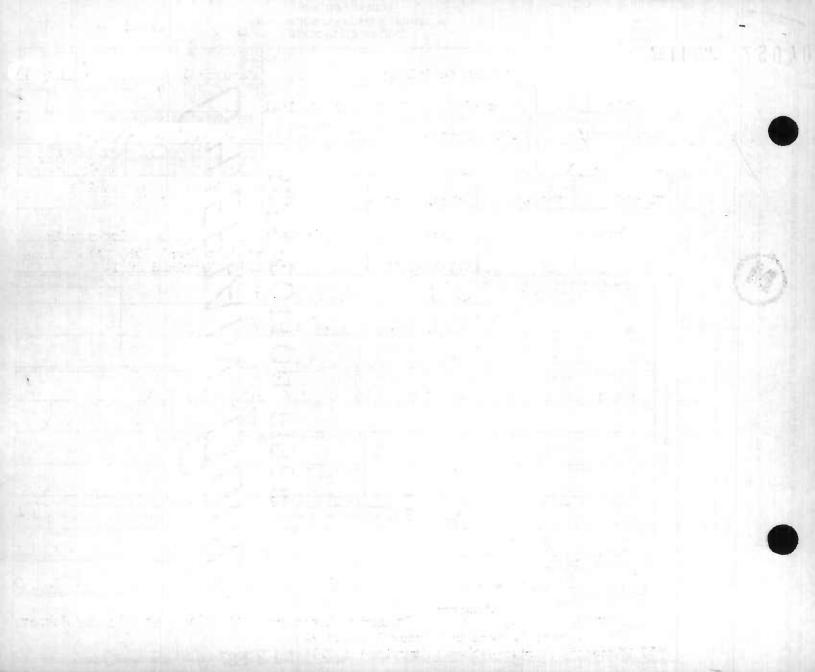
> FUNERAL DIRECTOR: P

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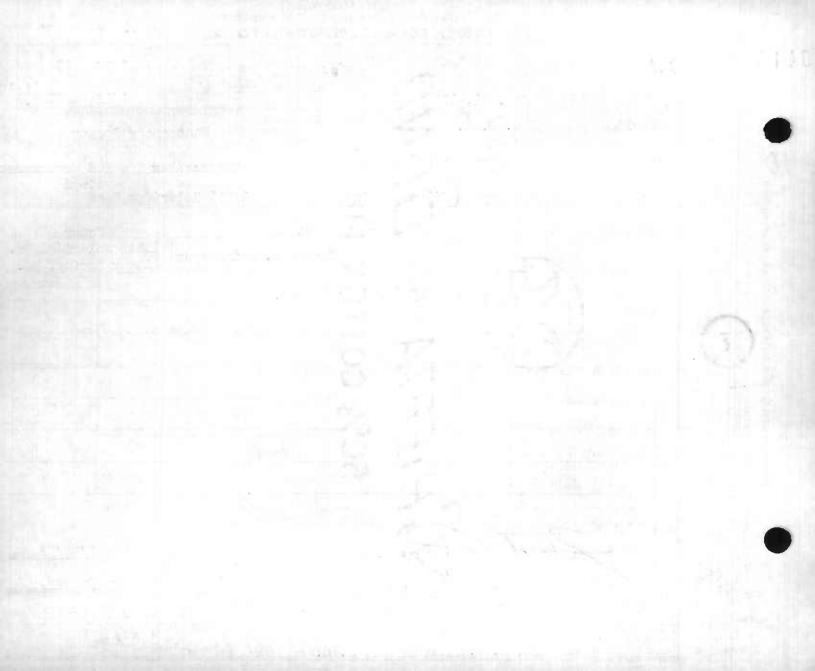
ALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from-Natural sauses Homicide L Undetermined manner TITLE (SPECIFY) SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) TRANCE A P P P P 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Cremation 1 - 22 - 87Cedar Hill Crematory 07-84 Suitland, Maryland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Richard Rapp. Inc. **DHMH - 17** 1804 T Street, NW, (VR A15 ME (5)) Washington, 20009 DC



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26. HOUR Major William McKinley West January 4 6. AGE (IN YEARS LAST BIRTHDAY 3 SEX 5 DATE OF BIRTH MONTH YEAR Male Caucasian September 1901 M BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania United States WIDOWED DIVORCED [Montgomery County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Paper LTYPE OF WORK FOR MOST OF WORKING LIFE Bethesda Owner Supply Company Suburban Hospita JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 STREET ADDRESS / ZIP CODE BOX 282 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Florida Volusia DeLeon Spring Zip/32028 YES | NO X EATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Ambrose Alavesta West Jane Greensweig 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Eugene West (Son) 6810 Wilson Lane LYES, NO OR UNKNOWN No Bethesda, Maryland 20814 174-10-3577 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF aride musers Canditians, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CARMOUNI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) January BP Buria1 Greenwich Cemetery Greenwich Township New Jersey 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes PA 16 60M 7/84 7557 Wisconsin Avenue Bethesda, Maryland 208141



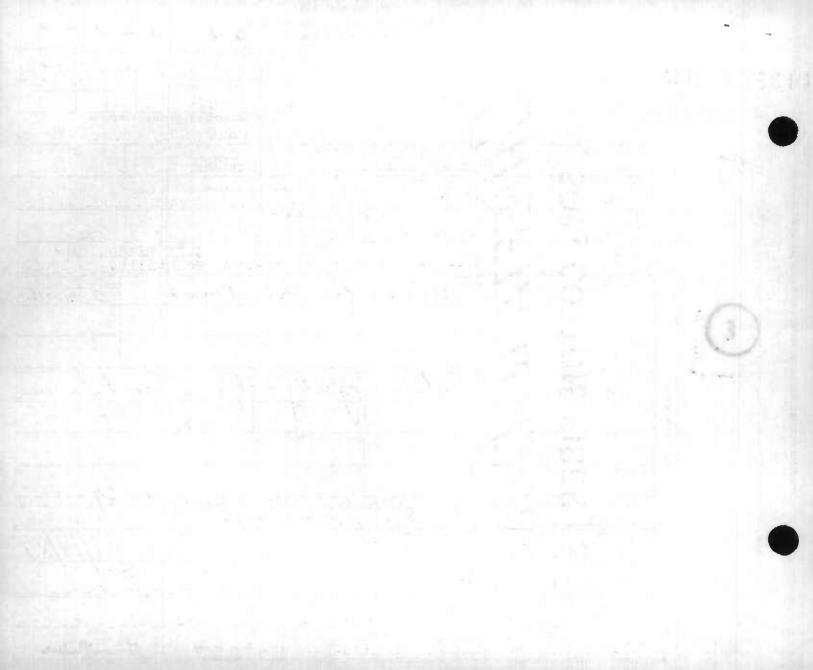
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X ESTI-DEATH MATED Joseph Weissmeyer 3 SEX 6 AGE (IN YEARS DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED Male White Jan. 11, 1926 DEAD 61 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U. S. A. WIDOWED [DIVORCED Montgomery County CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 13211 Holdridge Road Silver Spring Transcriber US Government 20906 13e. STREET ADDRESS 30 STATE 13d INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 13211 Holdridge Road NO D FATHER'S NAME 15 MOTHER'S MAIDEN NAME Benjamin Weissmeyer Bertha Yager ADDRESS 211 Holdridge Rd. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Jeanne S. Weissmeyer, Yes WW II 579-22-5883 Silver Spring, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II None 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE USED None YES NOY 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (AT HOME, III LOCATION STREET, FACTORY, FARM, ETC.I STREET WHILE AT WORK CITY OR TOWN Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes X Undetermined monner Suicide TITLE (SPECIFY) ACTUAL DATE 1/13/87 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Burra1 1/15/1987 King David Memorial Garden Falls Church, Virginia 07/84 25M TOWALD MOSTEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 232 CARROLL STREET, N. W., WASHINGTON, D.JAN



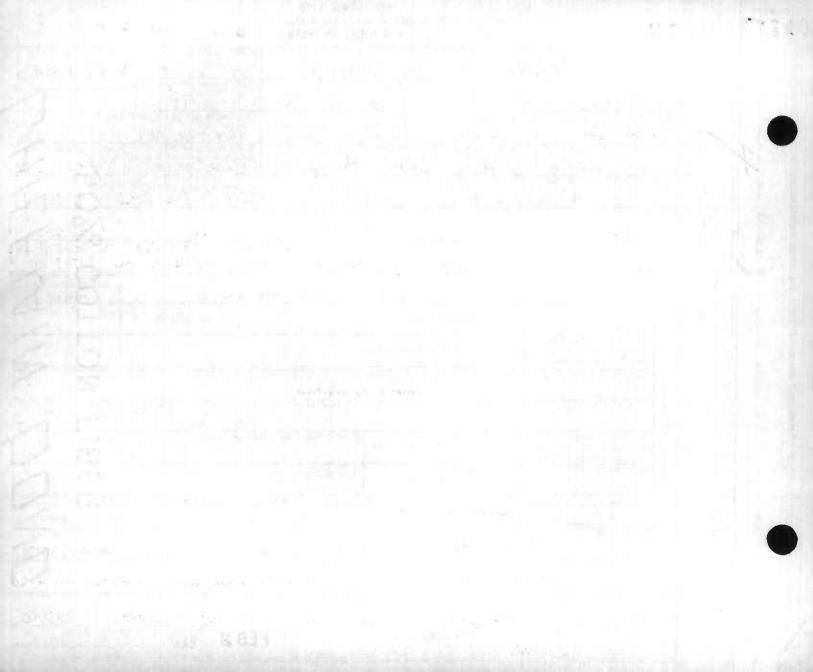
Deviden Pandall

7557 Wisconsin Ave. Bethesda, MD 20814 PA

(VRA 15, 4)



2776 FEB-	318	FOR STATE	DEP	STATE OF MARY ARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	/ 0	203	4
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a di a	3 SE	X A a l	4 RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
8 55		FEMALE	Caucasian	10 01		78 YRS.		
	N B	IRTHPLACE (STATE OR FOREIGN COUNTY) Carolina	76. CITIZEN OF WHAT COUN	MARRIED L NEVER	R MARRIED 🛄	TIMORE CITY OR COUNT		
1/4	-	ITY OR TOWN OF DEATH		JRSING HOME OR OTHER IN	DIVORCED 120 US	MONT OF MEY	VI26 KIND OF B	MD.
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1 3 /		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL		MANT brother		easant Ac	
		no	577-1	11-2349 Eugen	ie W. Perry	Adelphi,		
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offe of the state	2	AT WORK NOT WHILE	TATTOME, STREET, TACTORY, O	Trice, PARM, ETC.)				=(S2)
R. Af			putal) attended the deceased f	2-0		JANUARY 25		ot (I) (we) lost
Spirto CTO L for of h		sow the deceased alive of obove, (1) (wat (did)) (did is	not) view the body ofter death.	19 9, and that in (m	y) (our) opinion death o	ccurred on the date and ha	ur and from the cou	uses stated
OR e ho che		22b. SIGNATURE	Barn Deel	DEGREE	ATTENDING MED	ICAL STAFF	22c. DATE SIC	SNED
TAL by th SAL deta deta fore				- 132	PHYSICIAN DIREC	CTOR PHYSICIAN	Janua	425,1957
OSP ed be the S		224 PHYSICIAN'S NAME (TYPE		22e ADDRI				
TO HOSPITA retoined by TO FUNERA should be di with the Sta			BARRY HELHE				w, uppasin	ID KOTO
	230 D	Burial, cremation, remova (Specify) Wal		23c NAME OF CEMETERY OF		LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84		10 Mame	ncis J. Collins Blvd. West, Sil	LICE COLING II	P-P-R	THE STATE OF	THAR S SIGNATUR	h-173 a
(VRA 15, 4)	20	in university	sivu. Wesi, Sil	ver spring, M	u.	0		



Cremation

DHMH - 16 60M 7/84 (VRA 15, 4)

MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

X STEMPANOSM

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	02000
12979 FEB	1 06	REGISTRAR CEAGED NAME FIRST	WIDDIE	LAST	REG. NO.	ONTH DAY YEAR 126 HOLLE
é wŧ		OR PRINT)	A A	2011	20 DATE OF DEATH M	1 11-25
poge 3	2 00	George	M	Williams	4 ACE	1 20 87 12 7 M
E get	3 SE	MAL	RACE	AMPNIH DAY LYAR	6. AGE (IN YEARS LAST BIRTH	DAY IF UNDER 1 YEAR IF UNDER 24 HRS
ours of		MHE	DIACK	14A4 30, 1912	14	YRS
1 5 5 5 5 A		IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
a the de	10.0	1119.	U.S.H.	WIDOWED DIVORCED	Wong	rachen MD.
1	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATIO	
THE PERSON	B	ethesda	Suburb		Haborer	e. Illonia Co. Kds
4 hou	13a. :	AL RESIDENCE (IF NURSING HOME OR O. STATE)			13e STREET ADDRESS /	ZIP CODE 80853
# # # # # # # # # # # # # # # # # # #		Mai Mor	ity. Kocky	THE YES NO VE	12600 Vest	5 Mill Kd. # 101
1 10 10	14. FA	ATHER'S NAME	opity // LAST	IS MOTHER'S MAIDEN NA	ME	- LASI
B 0 0		John U	Villams.	Ger	ryuge	Jones
Poges Poges			ED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRES (ADDRES	1 -1) SAME
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ysicio opera vol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (0), (b), on	dic O		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ewen even		IMMEDIATE	/\ \ \ \ /\ \ \ /\ \ /\ \ /\ \ /\ \ /\	Strock		
otic otic			DUE TO, OR AS A CONSEQUE	ENCEOFA 1 AA	11	
our See	-11	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	willing Lolling	arh	
by the		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCERPF PID		
that d by lease iol, c		underlying cause last	1 10 Menop	athic Worldes		
gne gne bur	7	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		TION GIVEN IN PART 11a
requency The parto	O.	Chapmi Co	may bull	e - Hyper	ension	
S on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The rician.	RTIE		'		YES NO	YES NO
Z X S O O T 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART 2)
Sicia ng ph mol-tr fem	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
this this do	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211 LOCATION STREET	CITY OF LOW	N COUNTY STATE
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Heol		220.1 certify that (I) (this haspital	I) attended the deceased from	. 19	, to	
Spirite SCTC d for n 21		sow the deceosed alive an abave, (1) (we) (did) (did nat	view the body after death.		death accurred an the date	e and hour and from the couses stated
OR DIRE		226 SIGNATURE	M. O 111	DEGREE ATTENDING	MEDICAL _ STAFF	220 DATE SIGNED
7 = 7 to 2		h 100%	man /vv	PHYSICIAN)	DIRECTOR PHYSICIA	112018/
	6	22d. PHYSICIAN'S NAME (TYPE OR P	O LAA	22e ADDRESS	120	0 10 1 110 01
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BP		Burial	1-23-87 Li	ncoln Park Cem.	Rockville	e, Montg. MD
DHMH - 16 60M 7/84		uneral director eorge R. Snow	den Rock Ni	•1 MasiiTiid coil	TE REC'D. BY REGISTRAR 25	REGISTIAR'S SICERATURE
(VRA 15, 4)		corge it. bilow	10011	Md. 20850	20 1301 84	

STATE OF MARYLAND

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F 5 5	/ .	C	THPLACE (STATE ORFO		76 CITIZEN OF				NEVER MARI		BALTIMORE CITY OR COUNTY OF DEATH				
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Part of the state		Ge:	rmantown		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 23204 Ridge Road						120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker				
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(VRA 15, 4)	F	Ul	in L. Mo	lesw	orth, P	.A.,I)ama	SCH	, M.1.	JAN	1 3 1987	Julia D	condity-k	arguest.	

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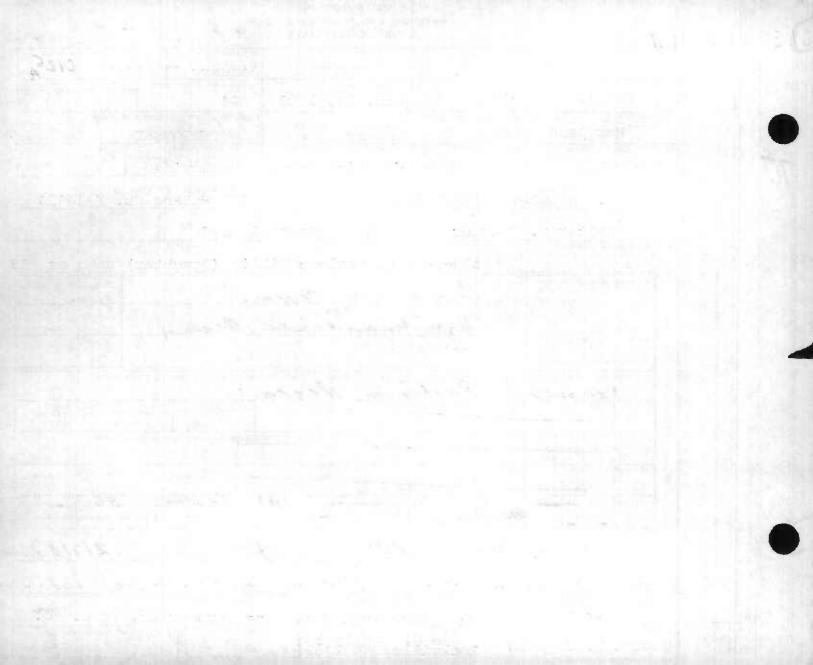
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deor deor		Hawaii		.S.A.	WIDOW		Montgo		MD.
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E. S. C.	16a \	VAS DECEASED EVER I			OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
BALTIMORE, MARYLAND cote be executed a payricion and compensus opers. Pages 1 and 1000. Well. The medical examiner in the compensus opers.	1	YES NO OR UNKNOWN)	(IF YES, GIVE WAR	000.000	-36-0051				12 oborro
LTI.	_	No				Walter Wil	liams-Same		13 above
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o di migan pira			С	DUE TO, OR AS A	CONSEQUENCE OF				0
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the remember the		gave rise to imm cause (0), stating	g the 10	DUE TO, OR AS A	CONSEQUENCE OF				
by that		underlying cause	lost.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the ottending plos the burnol-transit permit. Then please remove carbons than Amental Hygiene prior to burnol, cremation, ar removed at them 18 shows any injury, or other traumatic even orked at them 18 shows any injury, or other traumatic even		PART 2 OTHER SIGN	IFICANT COND	ITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ital
The r to inju	CERTIFICATION								
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OR DIRE		218 SIGNATURE	10		20	DEGREE			C. DATE SIGNED
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7 7 7 7 7		DAVID	CROM H	NELL,	MD.	Tak	coma Park.	Md.	
5 5 5 4 M	23a (URIAL CREMATION, F	REMOVAL 23h	DATE /	23¢ NAME OF	CEMETERY OR CREMATORY	236 LOCATION		7
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	24 FI	JNERAL DIRECTOR	17.				E REC'D. BY REGISTRAR	SW REGISTRAR'S	SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	H.	S. WASHING	TOM + SO	NS 4925	BURROUG	NS AUG W. 51A	N 3 0 1987	Julia Dan	idery. Kandallo

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ore, and condicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT		ADDRE			
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BAL offer offer sold		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAI	only one couse pe	r line for (0), (b), or	nd rest	, ,				BETWEEN	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. ifter this certificote has been signed it ster buriol-itronsit permit. Then pleo th and Memtal Hygiene prior to buriol orked or Hemrit shows may injury, or a	# H	71a. ACCIDENT WAS UNDERLYING		OF INJURY	DAY _ YEAR_	21c HOW INJURY	OCCURRED	(LINTER NATURE OF INJUR	Y IN TEM 18 PART	OR PARE 2)	
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D DIN O O O O O O O O O O O O O O O O O O O		22s.1 certify that (I) (thus.h.	outol) ottended t	he deceased from	-		1584	to Della	19.	86	that 🖶 (we) lost
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OR Blad O		Dennis K.	Schumar	- BID		17904 60	crise +	Ave#216	Olser 1	nd 7	20832
0 6 0 4 M	23a	BURIAL, CREMATION, REMOV			NAME OF C	METERY OR CREMA	ATORY I	23d LOCATION	7		
BP		Burial	2-4-			ven Mem.		Frede	rick,	Fred	. Md.
		UNERAL DIRECTOR					25n DATE RE	C'D. BY REGISTRAR			
DHMH - 16 50M 4/83 (VRA 15, 4)	G	eorge R. Sno	owden	Rock vi	Was	hington	-0.0-				

(11) 1007

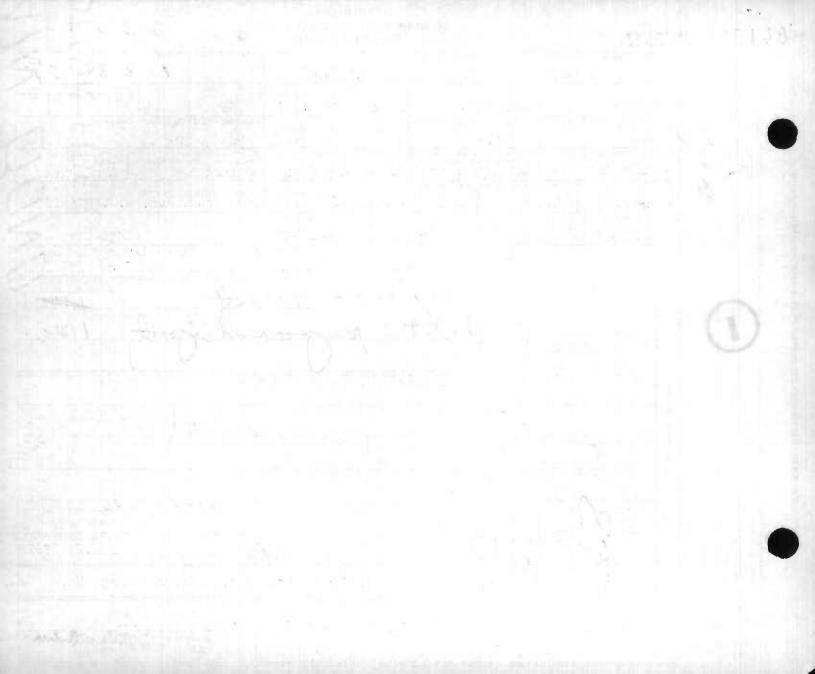
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	STATE OF MARYLAND									
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0 /1 /2		TY OR TOWN OF DEATH		AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS]			120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR			
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d ST., BAL	4	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r only one couse			1			BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
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the the emo		gave rise to immediate cause (a), stating the	DUE TO	OR AS A CON	NSEQUENCE OF	0	110		1	
that that base ol, cr		underlying cause last.	(c)		warcin	cma of b	ostate		unk	NOWN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the attending by minimal accompetitive filter this of the buriol-transit permit. Then please remove corporations in permit. Then please remove corporations and mental Hygiene prior to buriol, cremation, air minimal many accompetition injury, or other traumotic control incidence and injury.		PART 2 OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVE	N IN PART I	lia
RDS equipments The inju	CERTIFICATION									
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TALR The I	E						YES NO	YES		NO 🗌
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A Africa		22s I certify that (I) (this he		the pleased	from AT	19 0	10 Jan	-1	0	, that (I) (we) last
TTEN pitol TOR for u		saw the deceased alive	Su Jan	00	1981,0	nd that in (my) (aur) opinion	death occurred on the o	date and hour	and from th	e causes stated
OR A DIRECTOR Dept		17 SIGNATURE	MAN	M Th	1	DE OHEE			22c. DAT	E SIGNED
the Doctor		CAROLIO I	KANAY	MM	K) M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	11/3	1810
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Sho of sho	23a F	URIAL, CREMATION, REMOV	VAL 236 DATE		1231 NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		-	
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DHMH - 16 60M 7/84 (VRA 15, 4)			E Wilhe		DRESS	EE		18.0 10		A .
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041370 3	16	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR, 5
oy be age 3 death	,	MARI	IF L.	41165011	1	8 87 2 PM
a b	3 SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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og pog of	Zo B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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21 24 750	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
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of a sol	13a.	AL RESIDENCE (IF NURS	OTHER INSTITUTION GIVE RESIDENCE BEFO		113 STREET ADDRESS / 7IP COL	8 21 11 . 1 4 60
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ysicio opera vol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o	nd icity	0	BETWEEN ONSET AND DEATH
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bur bury.	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 11a
requestration of the second	2					
low remit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The hist party of the history	E	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21- 1101// 111/101/ 0.55/10		YES NO
Phys Phys I-troir		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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PH this of A	MEC		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Afre of the nork		AT WORK		- 2/11/16/	1= 1= C	- 07
DR. OR.		some the descript office on	tal) attended the deceased from	C !	death occurred on the date and he	, 19.86, that (1) (we) lost
ATT OSPI OSPI OSPI OSPI OSPI OSPI OSPI OSPI		above, (i) (ve) (did) (did ne 22b. SIGNATURE)	view the body after death.	DEGREE ,	death accorded on the date and ha	
OR DER		X /////	01101	ATTENDING	MEDICAL _ STAFF _	Jan. 9, 1987
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0 0 0 0 3	220	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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		500					OF MARYLAND			00	6	1 2
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been signed by the attention of the photos o	IRCATION	Canditions, if ony, gave rise to imm cause (a), statin underlying cause	nediote ng the last	DUE TO, O (c)	ONTRIBUTING TO	Obst ENCE OF DEATH BUT Trill	NOT RELATED TO THE	TERMINAL DIS	UTOPSY?	ITION GIVEN		NGS USED
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FO FUNER Hould be d		Neil A	. Cra	ene,			Ci	kery	Esconsin Chase	Md	208/	5
P		urial, cremation, specify) BURIAL	REMOVAL	JAN. 2			HEAVEN CE	METERY	CATION CITY OR TOWN	SPRIN	G MONT	. Md.
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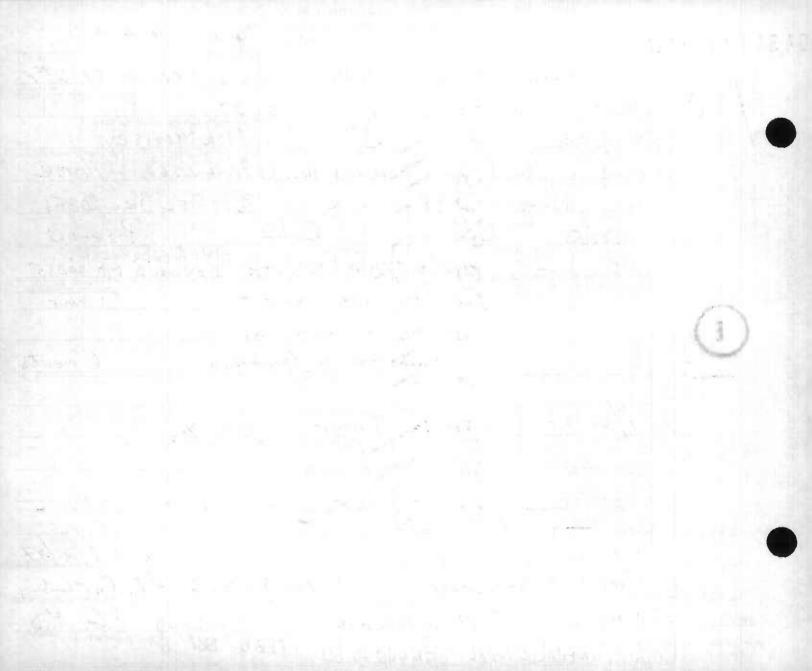
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		e d		3. SE			RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120		Sicio	oval.		18. CAUSE OF DEATH (E	nter only	one couse pe	r line for (a), (i	b), and ici.)					APPROXU BETWEEN	MATE INTERVAL ONSET AND DEATH
1.		phy phy phy	e a ce a		PART I. DEATH WAS	AEDIATE (CAUSE (O)	lepatio	Necros	is				We	eeks
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ECC		s be	o b	CERTIFICATION	19a DATE OF OPERATION	1	196 COND	ITION FOR W	HICH OPERATE	ON WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	GS USED OF DEATH?
AL		cian.	ygiene	E	1/16/87			tic ma	SS			YESX NO	YES [NO 🗌
N N		physical lifical	I m		210. ACCIDENT WAS UNDERLY		HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c HOW IN	IJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1	OR PART 2)	
ō	9	ending ph this certifi e burial-n	Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL E			.M.	19						
SIO		this the b	nd M	MED	21d INJURY OCCURRED			OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATE	JN .	CITY OR TO	WN	COUNTY	STATE
N		of ter	itha		WHILE NOT WHILE AT WORK							Tanuana	- 00	0.7	
	6	ol o OR: ,	T S		22a.1 certify tho (Cl) (thi	s hospital) ottended th	he deceased f	rom Dece	mber 19	_, 19_86	, to January		8/	that (K(we) last
		ospit d fo	m 21		oboye (X(we) (did)	(dydxiot) v	new the body	offer death.	17-04	na mar in ogy)	(our) opinion	death occurred on the do	ife and hour on	d from the d	lauses stated
	8	oche p	F He		226. SIGNATURE	10	1/20th	4-111	\wedge	DEGREE	ATTENDING _	_ MEDICAL STAI	F	22c. DATE	
		by file	TANT.		701 HYSICIAN'S NAME		relate	1000		22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	IAN		13 87
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	(of of show	With the IMPORTA	-	Lanac		Kra	7.5	Tax 11			ike, Betheso	la, Mary	land	20892
0	01	100	0	73a 1	BURIAL, CREMATION, REA SPECIFY) Burial		.Tanuary	26,198		Cemetery or	CREMATORY	23d LOCATION CITY OR TOWN			STATE
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1	D	HMH - 16 6			INERAL DIRECTOR Par					2948	83	BECO BY REGISTRAR	COR KETATORIKAN	3.SIGNAT	JRE
		(VRA 15	, 4)	1	30 West 1st	Nort	h Stre	et, Su	mmervil	le, SC					

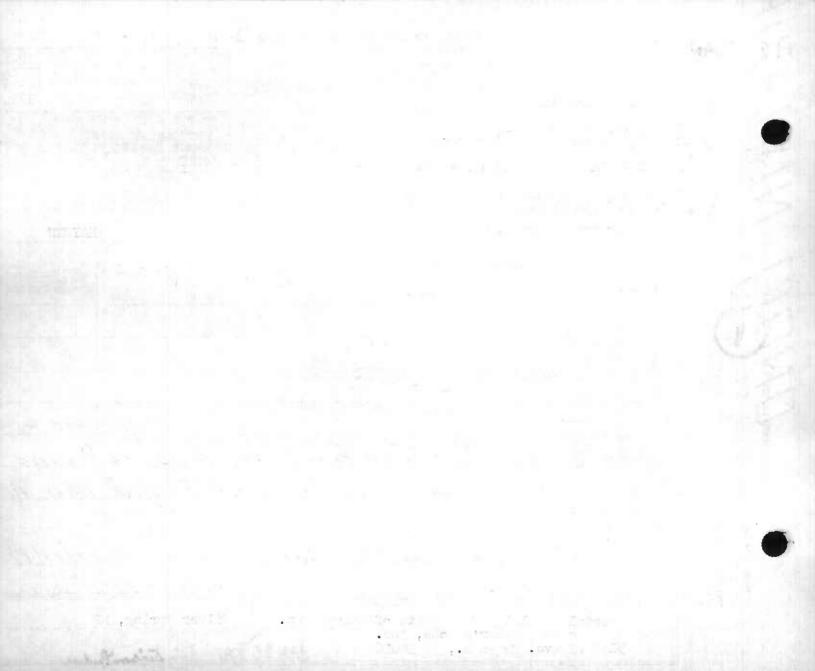
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	STATE OF MARYLAND	
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The state of the s	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ie
in by be fill	JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
24 h 24 h	130. STATE 136 COUNTY 130 CITY ON 130 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 130. STATE NO 136 STREET ADDRESS / ZIP CODE 2085	-1
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- 0		
AORE, ond cooges	(YES, NO QRUNKNOWN) (IF YES, GIVE WAR OR DATES)	سرس د
LTIA ilon ins. P	10 - 212-26-2425TAULK. WETH DERWOOD MD. 208	~~
BA icat	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOVASCULBR COLLAPSE 1 how	
E 1 26	IMMEDIATE CAUSE (0) CARDIO VATS CULLAR COLLAPSE) how	T
e death o	DUE TO, OR AS A CONSEQUENCE OF	
SES 6 E S	Conditions, if ony, which gove rise to immediate	-
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of the ore	(c) profession to continu	mus.
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ORO	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF LETTER OF THE CONTROL	1000
REC	1/28/87 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF I	DEATH?
H 40 1119	T CETEBE / A / MWY YES NOW YES NO NEW YES NOW	o 🗆
FV Street Street	OR CONTRIBUTION CONTRIBUTION OF DESTREE HOUR A.M. MONTH DAY TEAK	
O WP STI	Use Either Notify Medical Examiner) 21d INJURY OCCURRED 21d PLACE OF INJURY (In INJURY OCCURRED) 21d INJURY OCCURRED 21d PLACE OF INJURY (In Industrial English Factory, Office, Farm EIC.) STREET CITY OR TOWN COUNTY	
DIVISION O MG PHYSIC The thicket on the build the and when	21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY	STATE
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AT A STATE OF THE	22d PHYSICIAN'S NAME (TYPE OFFINIT) 22e ADDRESS	1
0 0 0 0 0	Carl. Schoenbergs 1620 Frederick Rd. DaiThe	mbun
AR DEFE	236 BURIAL, CREMATION, REMOVAL 236 DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN	MINI
BP	CREMATION 2-2-87 CEDAN HILL SUITHAND 1.G.	51D.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR 250 DATE REGD. BY REGISTRAP 254 REGIST	A. A. A. A.
(VRA 15, 4)	LAYLOR TUNERAL CHAPEL HUNAPOLIS, M.D. TEO	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTIearly 1087 HAYDEN WALDO WITHERS R FILES. HOURS STREET, DEATH MATED X 3 SEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1820 MALE CAUCASIAN NOV 12 1913 73 YRS 12 1087 DEAD 76 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY UNITED STATES KENTUCKY WIDOWED X DIVORCED MONTGOMERY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) ROCKVILLE 10401 GROVESNOR PLACE PHYSICIAN USAF USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c, CITY OR TOWN 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ROCKVILLE MONTGOMERY 10401 GROVESNOR PLACE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ROY FISHER WITHERS KATHERINE HAYDEN 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 1939-1970 YES 216-38-5073 KATHARINE HIGGINS, 6232 32nd PLACE, NW WASHINGTON, DC 20015 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c),) PART I DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) INER: 1775
ICATE, WRITING THE WORLE
F CORWARDED TO THE CHIEF MI
CTOR: PAGE 3 SHOULD BE USED A
H THE STATE DEPARTMENT OF HEA
H THE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WATHING A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F NOT WHILE AT WORK HOME AT WORK 220. I certify that I taok charge of the remains described above, held on Autopsy and in my apinion deoth resulted from Homicide Undetermined monner EXAMINER'S NAME FRANCIS C. MAYLE 8200 WISCONSIN AVENUE, BETHESDA, MD **ADDRESS** 230, BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE 1/16/87 Silver Spring, MD Gate of Heaven Cem. BP Burial 14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 25a. DATE REC'D. BY REGISTRAR **DHMH-17** 5130 WI Ave. NW Wash., DC 20016 (VR A15 ME (5)

15M 2/80



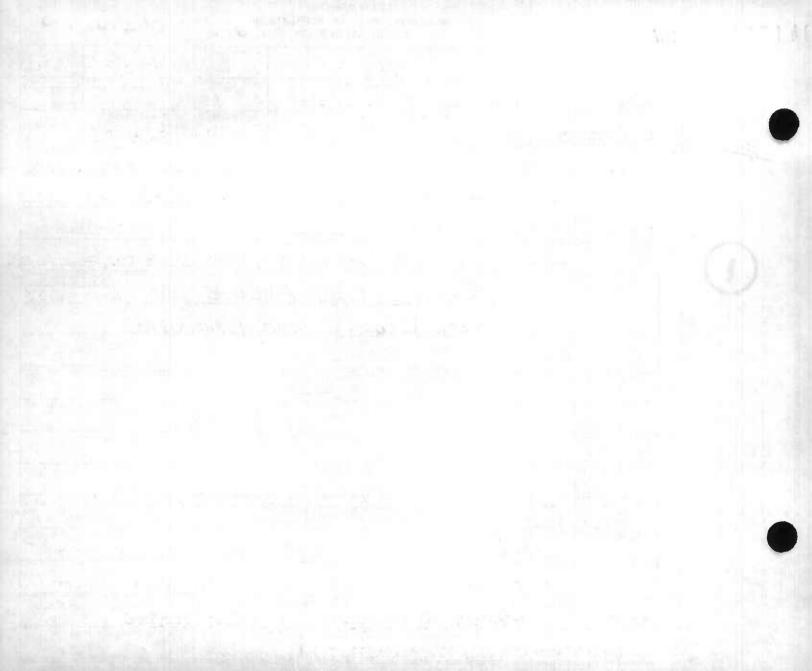
STATE OF MARYLAND

1		FOR STATE REGISTRAR		O NO.	2 0	4 6				
		EASED NAME FIRST	NARD	MIDDLE	Wo	L FF	2a DATE OF DEATH	0//2	2/87	6390 _M
	3. SEX		4 RACE		5. DATE C	DAY WEAD	6 AGE (IN YEARS LAST E			HOURS MIN.
		Male		asian	Jan	. 1, 1898	89	YRS		
7		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY	TE OF	OF DEATH	
1	10 (17	New Jersey	USA	MIZGILIA LATIGON	WIDOWE	D DIVORCED DIVORCED	120 USUAL OCCUPA	IION	12h KIND OF	MD. BUSINESS OR
)	10. CII		(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOS	OF WORKING LIFE	E) INDUSTRY	
	USUA	ROCKVILLE I				r Washington		ent	Metro.	Life
5	13a S	Maryland Mor	ITY	13c. CITY OR TOWI	N		13e STREET ADDRESS 6111 Mo	ntrose	e Road	20852
1	4 FA		MIDDLE	wolff		15. MOTHER'S MAIDEN NAM	WE		Levit	- 2 2
Ц	14- \4	David /AS DECEASED EVER IN U.S. AR.	MED EODOES2	16h SOCIAL SECU		17 INFORMANT	ADD	RESS	телт	-all
			E WAR OR DATES)	153-07-6		Raymond Wolf:	f; 11602 M	ilbern		
1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	line for (o), Ib), and	dici /	DENIAL FA	1/ 11 RI=		4	YEARS
18		IMMEDIAT	E CAUSE (a)	CHRIN	<u>U - r</u>	CNALIA	ILUNA		MANY	ICHKS
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last.	(b) A	RAS A CONSEQUE	2HEU	MATIC HEAR	T- NEPHRO	SLEROS	TIS	
	N	PART 2 OTHER SIGNIFICANT C		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 110	- 3
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING FYING CAUSES (
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	18	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART (OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		27a. I certify that (I) (this hospi saw the deceosed alive on abave, (I) (well did) (did no	1/2/7	19 2	7/,01	nd that in (my) (our) opinion (death accurred on the	dote and hou		hat (1) (we) last auses stoted
		22b. SIGNATURE	risel.		A	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DATES	13/87
1		22d. PHYSICIAN'S NAME (TYPE O	PATE	L, Mil) -	6/21 MOR	TROSE	RD;	ROCKVIL	LEE M.D.
ı		URIAL, CREMATION, REMOVAL	23b. DATE	23€, №	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
ı		Burial	1-26-1	1987 Ju		Mem. Gardens	Olney,		nd	27777
	24 FL	INERAL DIRECTOR		ROCKVIII	e, Ma	ryland 250 DAT	E REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNATU	IRE
	Dar	nzańsky-Goldber	g Chape:	ls; 1170	Rockv	ille Pike	9 7 4007	1 1 10		

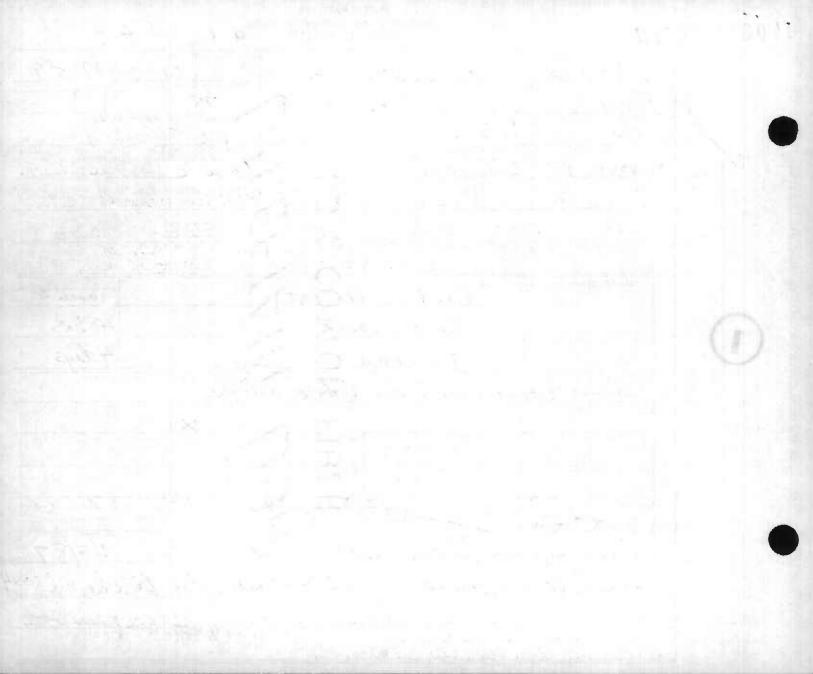
DHMH - 16 60M 7/B4 (VRA 15, 4)

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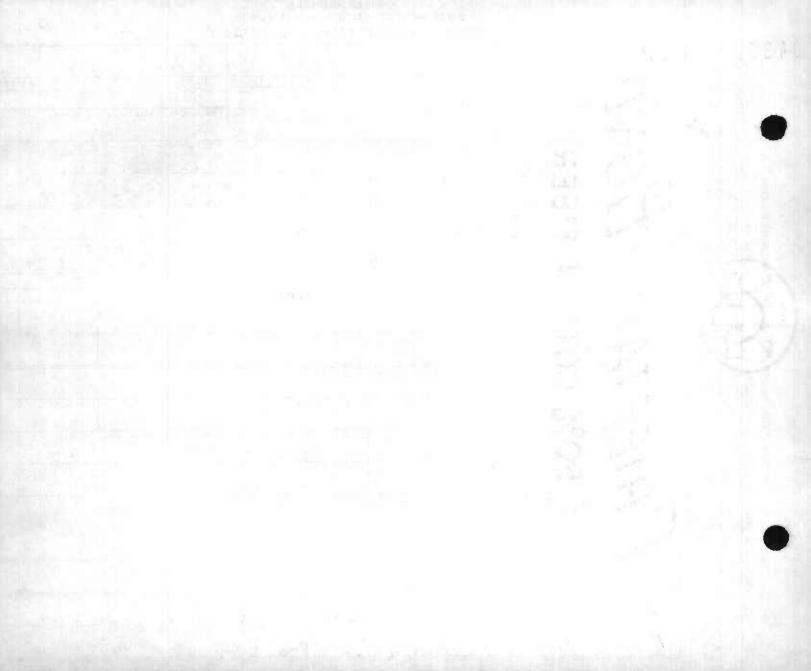
MAPORTANT: If Nem 21 is marked at Item 18 shows any injury, or other traumatic



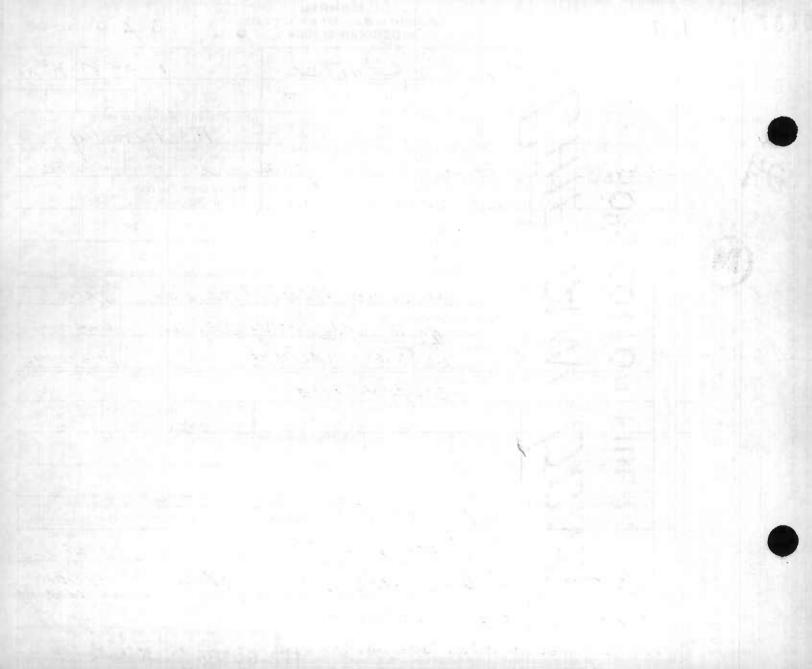
				STATE OF MARYLAND		
040654 JAN	Pli	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 6 4 /
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 25 HOUR
be oge 3	{ TYPE	OR PRINT) LILL TAN	· B.	100172	01-0	4-87 508pm
poq prog	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 r ector rs ofte		Femile	Caucasian	MONTH ZDAY VEAR	78 _{YRS.}	ONTHS DAYS HOURS MIN.
4 TO 50		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR'	Y? MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	,
9 11 (2)	IVICA	ryland	U.S.A.	WIDOWED DIVORCED	MonTGon	1ery MD.
\$ 1 AS/ ET	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		128 USUAL OCCUPATION [1395 OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
The state of the s	1	ethesola MD.	SuburbAn	HOSPITAL	Legal Secretary	Patent Attny.
212	130 S	AL RESIDENCE (IF NURSING HOME,OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TO		13 STREET ADDRESS / ZIP CODE	
AN 24		Maruland Priv	ice Georges Huas	ttaville YES NO 1	8104 15th Avenu	e #4 20783
RYL arthin	14. FA	THER'S NAME	AMDDIE - IAST	IS MOTHER'S MAIDEN NA		1241
MA bed ond		Jesse 7	homas Bake		Estelle	Grimes
ME, decut de		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	olocoty.		
Pog P		NO	578-14-	-1176 Janice Lahar	goue Washington	Grove, Md. 20880
ALT sicro pers ol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B		PART I. DEATH WAS CAUSE IMMEDIA	TE CALISE IN (A AC ()	iac arrest		i supredicate
		WWW.	DUE TO, OR AS A CONSEC	HENCE OF !	7	1
PRESTON Common		Conditions, if ony, which	(b) Sep	Tie Shock		48 hRS
X		gove rise to immediate couse (a), stating the	DUE TO, OR AS A GONSEG			111
W to		underlying couse lost.		monia		4 days
20 . 20 . Y. or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAPPISEASE OR CONDITION GIVE	EN IN PART 1(0)
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Dee Dee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
A hos hos	Ē				YES NO YES	
DIVISION OF VITAL RECORDS NG PHYSICIAN. The low requi- offer this certificate has been sig- os the barrol-tronsin permit. The th and Mental Hygiene prior to I orked or Item. 18 shows any injury orked or Item. 18 shows any injury	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
OF ICIA	AL	OR CONTRIBUTING CAUSE OF DE	410	19		
HYS ndin d Ame or h	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS J.G. P. otter ter t s thr s thr h on rked	>	WALKER WOLKHOT	TAN HOME, SINEET, PACTORY, OFFIC	E, FARM, ETC.)		
A Africa		72s I certify that (I) This hosp	sall aherded the deceased from	12-18 19-86	e, to 1/4	19 7, that (I) (we) lost
TTER prito 170 of H of H		nbove ill weither adv	They the body also Seath.	and that in (my) (aur) opinion	death occurred on the date and hour	and from the couses stated
DR A hospital hospital head		THE SIGNATURE	7 ×	DEGREE		Th. DATE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		Vie VI	ennylon	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	115/87
HOSPIT ned by Jid be in Str		224 PHYSICIAN'S NAME OF	(MERKO)	22e ADDRESS	Λ Λ.	4 1 1 - 511
- 5 5 + 6 l		hee Kites	uning from und	1 8218 W	sconsintue, Del	1050a, ML 20014
5 5 6 4 ¥ ¥		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	Jan. 8, 1987 F	t. Lincoln Cemeters	y Brentwood Print	ON Gaprads Mit
DHMH - 16 60M 7/84			s J. Collins	7. 250 DA		RAR'S SIGNATURE
(VRA 15, 4)			Lud. West. Silve		JAIL	
	Y.Y.	arrest of the	var woord ordere	ye crondering inter-		



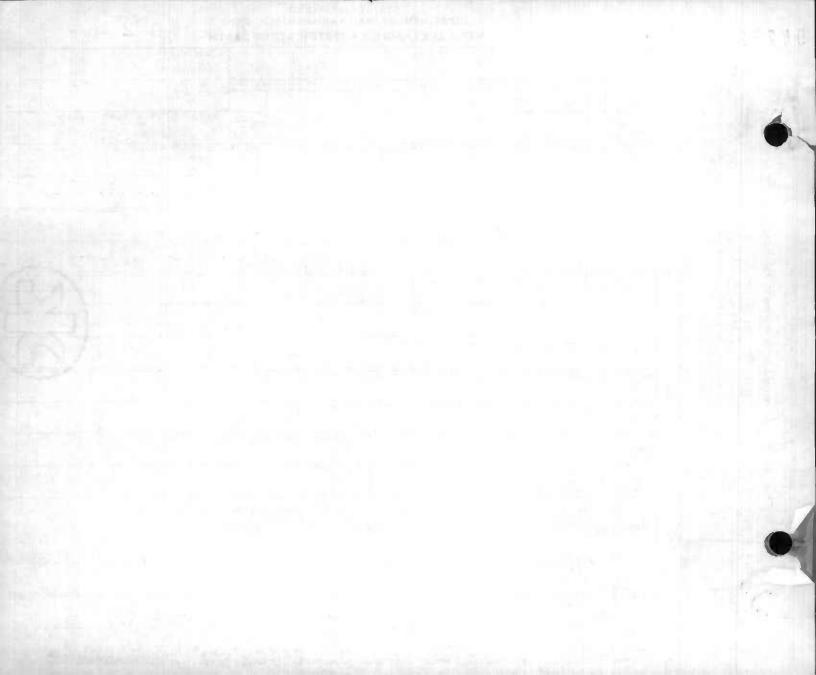
	1		STATE OF MARYLAND	
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 2 0 4 3
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
0133300	ED L	RECEASED NAME FIRST	MIDOLE LAST 20 DA	TE KNOWN X MONTH DAY YEAR 26 HOUR
0 4 9 9 7 6 1	EB -8	PPEOPERINT)		F ESTI- 1/ 30/19 87 M
SAS	3. 5	Ralph EX 14 RACE 15	***************************************	711
SE S		11 0	ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS GOLDS MIN PRONI	OUNCED 8:27
Z Z OD R	101	MALE COL O	DCT3,1921 65 YRS.	1/ 30/19 87 P M
A S A S A S	70.	BIRTHPLACE (STATE OR 7b		TIMORE CITY OR COUNTY OF DEATH
1 IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. P. GE 5 FOR YOUR FILES. LIE WHITE TO HOURS. QUI WHITE TO HOURS.	35	FOREIGN COUNTRY) HAABAMA	11 0 -	ontgomery County
ZJ.v.	10	CITY OR TOWN OF DEATH		ontgomery County, MD. CUPATION (TYPE OF WORK 12b. KIND OF BUSINESS
AY IS AGE PILED	VI	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF	WORKING LIFE) OR INDUSTRY
DELAY IS TO THE IS PAGE DE PIEE	VIII.	OHTGOMERY 6	New Hampshire Ave. & Bryant Nursely Rd.	UNKNOWY
SEAN S		VAL RESIDENCE (IF IN MIRSING HOME OR O' STATE	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE (1TY LIMITS? 130. STREET AC	100000
21201 ANNY AND RETA HOULE RECOL	-130	D.C.	WASHINGTON YES NO 1140	APITUS ST 20001
7. S. T. T. S. T.	- 17	FATHER'S NAME	IS MOTHER'S MAIDEN NAME	APTIOS ST ROOV
¥ H- ×OF	1/1/	PRST M	DOLE LAST FIRST	MIDDLE
AAA BEST	1	BOUTT		RRAY
NS OR A	160	WAS DECEASED EVER IN U.S. ARMET	FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS P.U. Bay 215
ALTIMORE, AFTER DEA INE PAGES H FORM P H GORM P H SORM P H SORM P	7	No	H22 24 1471 MRS MATTIE WOODS:	BOOMENEST PILLET DILLIONS, C. 24536
RS AFTER DEATH. IF ANY DELY RGYE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P I. PAGES 1 AND 2 SHOULD BE DIJVISION OF THAL RECORDS.		18 CAUSE OF DEATH (Enter only o	e cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
# 07089		PART I DEATH WAS CAUSED BY	Multiple Triumine	BETWEEN ONSET AND DEATH
O XEORE	N N	MMEDIATE C	AUSE (o) MULCIPIE INJULIES (DUE TO, OR AS A CONSEQUENCE OF	
2 名籍 4 5 E	8	Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
10 自制的名称	82	gave rise to immediate	(b)	
× 525 2	8	cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
S BENEFIC	8	lying cause last.	(c)	
DIVISION OF VITAL RECORDS 201 W. THIS CERTIFICATE SHOULD BE DECUTED. E. WRITING THE WORD."FENDING. IN ENAMARDED TO THE CHIEF MEDICAL EXAMISER 3 SHOULD BE USED AS A BURBAL. STATE DEPARTMENT OF HEALTH AND MENT	AT	PART 2 OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO	
COR COR	S 2			
RECONTROLLO BE WEEN WEEN WEEN WEEN WEEN WEEN WEEN W	COBURIAL, CRE	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHOULD OND "PE OF HE A	₹ / 3	THE DATE OF OFERATION	178 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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OF VITAL ATE SHOU E WORD " THE CHIEF ID BE USE WENT OF F	0 5	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR ACK MONTH DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR PART 2)
N DECOR	× / 3	UNDERLYING OR CONTRIBUTING CAUSE OF DEA		struck by motor vehicle.
CERTIF CERTIF CERTIF DED TO DEPAR	PRIOR	21d. INJURY OCCURRED	THE SHOULD BE INJURY LATER AT LOCATION	January Motor Verification
DIVISION S CERTIFIC RRITING TH (RDED TO GE 3 SHOU	0 1			R TOWN COUNTY STATE
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L EXAMINER: E CETHICATE DUID BE FORW IL DIRECTOR: H, WITH THE S'	0	27s (certify that pool harge o	the small described obave held an Autopsy X. Inspection . Inqu	Diry ond in my opinion
EXAMINER: CERTIFICATI JID BE FOR DIRECTOR:	3/1	death resulted from	Accident X Suyde . Homicide . Undetermine	
RECTIFIED BE	¥ 7	ALOV	0-11/	, mother,
2032×	2	ACTUAL /	TITLE (SPECIFY)	DATE 1/21/07
2 E X Z E	W -	SIGNATURE /	M.D. Chief MEDICAL E	XAMINER DATE 1/31/87
NA PA	2	EXAMINER'S NAME TOWN	0 1 1 1 1 1 2	
TO MEDICAL EXAMENS TO PROGRET THE CERTIFICATION OF A SHOULD HELD FOR THE CERTIFICATION OF THE		(TYPE OR PRINK) JOHN	Z. Smialek, M.D. ADDRESS 111 Penn	St.
53.45.45.	230	BURIAL, CREMATION, REMOVAL 23b.	CITY OR TOWN	ON COUNTY STATE
Coff & BP		BURIAL 2	-7-87 CHURCH CEM DILL	ON SOUTH CHRELINA
(/ 4 25N	24	FUNERAL DIRECTOR	250. DATE REC'D. BY REGIS	
DHMH 17 (VR A15 ME (5	511	INGERIL Dies	7272 15 Als and Comments	Aura Broidern Land
(AK WID WE ("	CORPHY: KOSS	7222 WINDRTH AVE FEB 5 1987	0



								STATE	OF MARYLAND)				
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				REGISTRAR				CEKTIF	CATE OF DEA	AIR	REG. N	10.		
				EASED NAME	FIRST		MIDDLE	L.	NS1		O. DATE OF DEATH	MONTH		HOUR
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No.	poge		3 SE	(4	RACE		5. DATE O	F BIRTH	6	AGE (IN YEARS LAST BIE	RTHDAY)		UNDER 24 HRS
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A &	P Q	9,-		RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTR	Y? 8.	NEVER MAR	RRIED 9	BALTIMORE CITY	DR COUNTY	OFDEATH	
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i b	o t	1807	10 C	TY OR TOWN OF DEAT	TH 11				ROTHER INSTITU	II. • NOITL	20 USUAL OCCUPAT	ION /	126 KIND OF BE	USINESS OR
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RY A	10/	EN	14. 1-7	THER'S NAME	AA E	DUE	Holland	,	15. MOTHER'S MA		MIDDLE		Smith LAST	
W P	26	30		George	500		HOLLAND	l	Georgy	lu			Sincer	
RE,	642	1	160 V	AS DECEASED EVER	U.S. ARME		166 SOCIAL SE		12 INFORMANT	Mantto	n same as	Chaus		
WO WO	F B /超	8 /		(ES, NO OR UNKNOWN)	(11 163, 0146 4	AR OR DATES)	213-20-	-9656	Lavara	woone	n same as	above		
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de de	otto	20		Conditions, if any, gave rise to imm		(b)	1/1km	MA	more	orru	space	2	MY VS	
W. P.	by the ose rem	other		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEC	CUENCE OF	Rac	lela	/ /		DAYS.7	ours
5, 20	gned	١٠, ٥	_	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	INTRIBUTING T	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	IDITION GIV	EN IN PART 10	-
CORD	The	2	CERTIFICATION				5 CK	asoo	cepna	1 .				
EC S	bee prio	oud	3	190 DATE OF OPERAT	ION	19b COND	TON FOR WHI	CH OPERATION	WAS PERFORME	ED	20a AUTOPSY?	20b. IF YES	S, WERE FINDINGS	USED
L R	has per ene	>3	Ē	SETT IN							YES NO			NO
Z Z	cote ronsit	42	E E	210 ACCIDENT WAS UNDE	RLYING	216. TIME O			21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18 I	PART 1 OR PART 2)	
OF CIAN	rtific ol-tre ital h	E1		OR CONTRIBUTING C			M. MONTH							
	s certif surial-t Mental	=/	MEDICAL	(IF EITHER NOTIFY MEDIC		P.		19	211 LOCATION					
DIVISION NG PHYS	the b	0	ME	WHILE NOT WHI			EET, FACTORY, OFFIC	E FARM, ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
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SZ Z	R. A.	8		220 I certify that (1) (ottended th	e deceased from	72	ing 1	19_75	. 10	29		t (I) (we) lost
ATTEN	pito for of t	21		sow the decease	d olive on	iew the body	ofter death	3/_, on	d that in (my) (our	r) opinion de	ath occurred on the d	late and hou	ond from the cou	ses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 2737 FEB MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Bryce M. DEATH MATED Wright 87 19 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED Female Black Aug. 19, 1986 DEAD 19 87 TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Montgomery County H CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Rockville Shady Grove Adventist Hospital None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 20032 Frederick Rd/ Md. Montg. Germantown YES LD 2 SH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Arthur W. Wright, Karen A. Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Karen Wright (Mother) same as #13 None 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congenital Heart Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? AI, 20 AUTOPSY? RWARDED TO THE CENTER PAGE 3 SHOULD BE USED ESTATE DEPARTMENT OF HE YES X NO. 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X Hamicide Undetermined manner 4 SHOULD BI NERAL DIREC DEATH, WITH MORE, MARYI TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE GE 4 S EXAMINER'S NAME Dennis F. Smyth, W.D. 111 Penn St., Balto., Md. 21201 A O 230 BURIAL, CREMATION, REMOVAL 236 DATE 731 NAME OF CEMETERY OR CREMATORY STATE Burial 1 - 30 - 87Parklawn Memorial Park Rockville, Montg. MD 07/84 25AA 24. FUNERAL DIRECTOR 246 N. Washington St. 25a. DATE REC'D. BY REGISTRAR DHMH - 17 Rockville, MD 20850 George R. Snowden (VR: A15 ME (5))



DHMH - 16 60M 7/B4 (VRA 15, 4)

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REGISTRAR

namans PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (por) apinian death occurred on the date and have and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY Burial Landover, Harmony Memorial Pk. Md. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE John T. Rhines Co., 3015 12th St. N. E. D. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

126. KIND OF BUSINESS OR

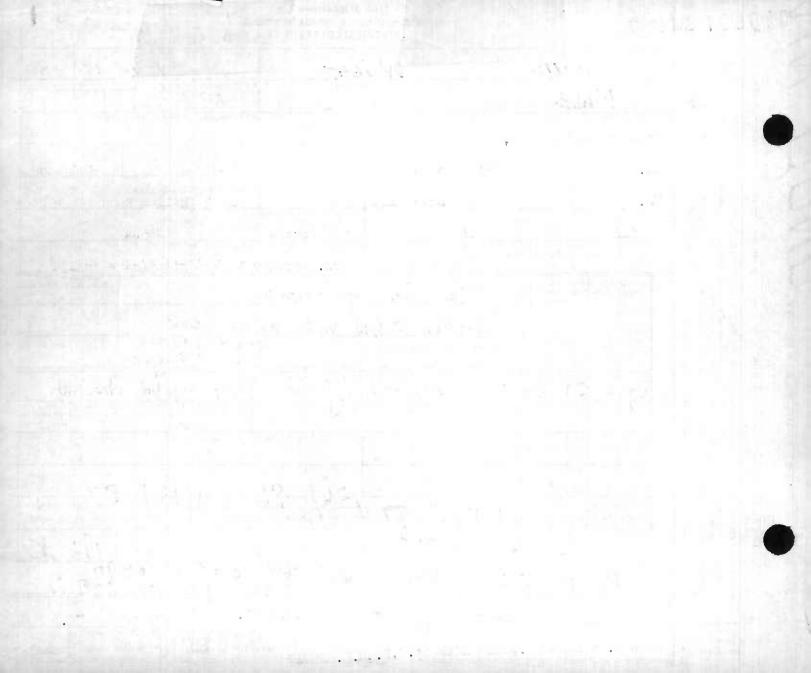
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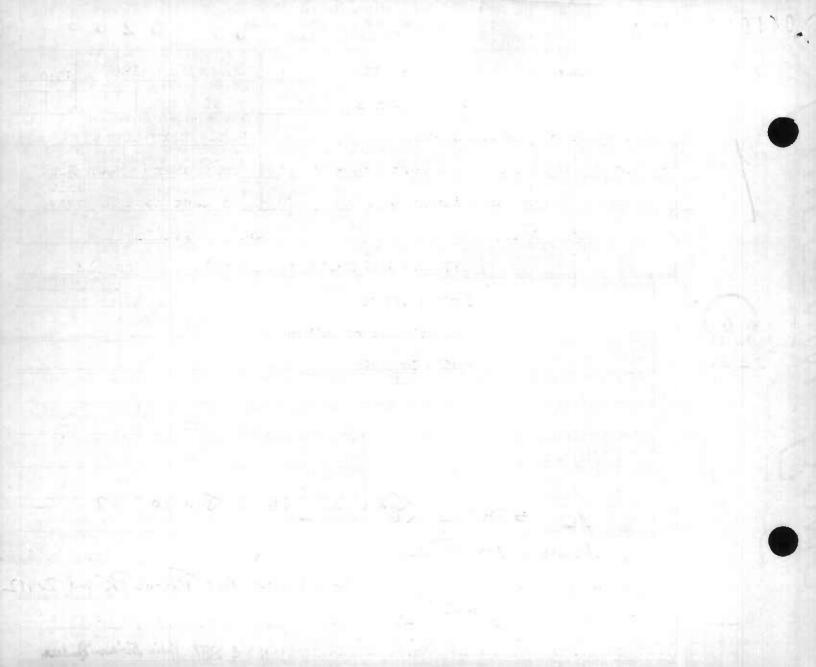
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STATE OF MARYLAND

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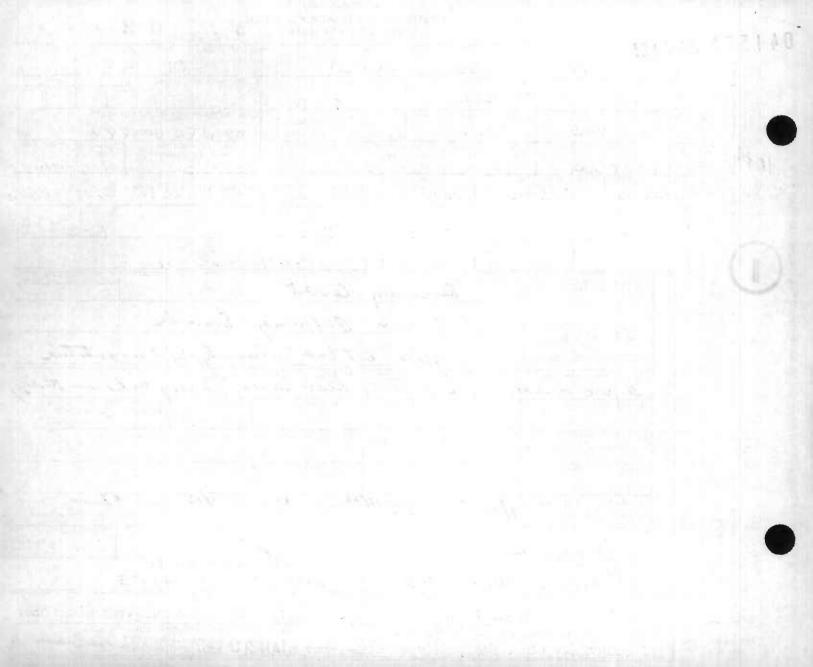
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	ATTE uspite CTO d for n 21		saw the deceased alive an above, (I) (w) (dec (did no	t) view the bady after death.	6 , and that in (my) (aprinian o	leath accurred an the da	te and have and	fram the cau	ses stated
	OR DIRE DOCHE Dept		22b. SIGNATURE	125	DEGREE	MEDICAL STAF		2c DATE SIG	NED
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101		ITY OR TOWN OF DEATH	I IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY	SOR
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40 2 24 ho	130 Ma	oryland Mont	gomery	ROCKULL	le !	13d INSIDE CITY LIMITS?	13:53 REES (ZIP S	ear Drive 20	1852
rian thin thin thin thin thin thin thin thi	-	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		_
MAR ad with the second of the		William	MIDDLE	7ukal	P	Maru	MIDDLE	Adams	
RE, I		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS	Nation (Co.	
BALTIMOR	-		W II	196-18-	2636	James Zufall	son san	ne as #13	
BALI d, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		AN .	A. Comment	0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DE	ATH
St.			ATE CAUSE (0)	negu	aling	and			
TON oth c endir	Н		DUE TO, C	OR AS A CONSEQUE		Na Immera	Emerles		
PRES ne de motio		Conditions, if any, which gove rise to immediate	(b)_						
W. In the hot the by the size re		couse (a), stating the underlying couse last	DUE TO, C	or as a conseou	ne l	externer ect	Tremity, S/P	Compulation	
ned pled		PART 2. OTHER SIGNIFICANT	CONDITIONS	OMRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110	2
RDS	ON N	serve des		arlens	dest	hears de	1 7	unknown star	Egy
RECO	CERTIFICATION	190. DATA OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	INC	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	1?
TAL I	ERTIE	21g. ACCIDENT WAS UNDERLYING	21b. TIME (OF INTURY		21r HOW INJURY OCCUR	YES NOW	YES NO	-
DIVISION OF VITA NG PHYSICIAN. Th outending physicis ther this certification of the buriol-fronsit th and Memol Hygis arked or trem 8 she		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH D	AY YEAR		(ENTER INSIDE OF BOOK IN THE	ATTO T AN T ON T ANT A T	
ON OF	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE	OF INJURY	19	21f. LOCATION		COUNTY STAT	75
VISIO G Ph otten otten s the ond ked d	M	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE, I	FARM ETC)	STREET	CITY OR TOWN	COUNTY	,ite
ADIN Lor of the colth		22a.1 certify that (1) (this has	pital) atterded t	he deceosed from_	12	126 1986		, 1947, that (I) (we	e) lost
ATTEN Spital CTOR I of H		saw the deceased alive a above, (I) (we) (did) (did	not) view the body	y ofter death.	ar. ar	d that in (my) (our) opinion	death accurred on the date on	d hour and from the causes state	ed
OR or he		22b. SIGNATURE				DEGREE ATTENDING	MEDICAL STAFF _	Jan. 15.	100
SPITAL d by th NERAL be deto s State	1	22d PHYSICIAN'S NAME LITPE	CORRENIES .			PHYSICIAN A	DIRECTOR PHYSICIAN		170
TO HOSPITA etoined by TO FUNER, should be d with the Sto		1 Villa land	(AMI	ns 40)	Ruckin	10 1 0	53	
Show with	23n	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	· •	_
BP		Burial				un Cemetery		rtgomery Maryla	ind
DHMH - 16 60M 7/84		UNERAL DIRECTOR France			л.		E REC'D. BY REGISTRAR 256, RE	EGISTRAR'S SIGNATURE	
(VRA 15, 4)	5	00 University 1	Blud. We	st. Silve	r Spr	ing. Md. JAN	20 1987 Juli	in Divideon Rudage	



STATE OF MARYLAND

